

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAY 28 AM 11:19

DOCUMENT # P99000081882

1. Corporation Name

Tonic Inc.

2. Principal Office Address - No P.O. Box #

1726 Wintergreen Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

1726 Wintergreen Blvd.

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32792

Country

USA

City & State

Winter Park, FL

Zip

32792

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/10/1999

5. FEI Number  
59-3592925

Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John Chirillo

Street Address (P.O. Box Number is Not Acceptable)

1726 Wintergreen Blvd.

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32792

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date April 14, 2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	John Chirillo	1726 Wintergreen Blvd.	Winter Park, FL 32792

10. E-mail Address: inc@engeltax.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

John Chirillo

04/14/10

407-234-3488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #