

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 16 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000095951

1. Corporation Name

TONYS CUSTOM DESIGN, INC.

Principal Place of Business

Mailing Address

4621 NW 8 AVENUE  
OAKLAND PARK FL 33309

4621 NW 8 AVENUE  
OAKLAND PARK FL 33309



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/29/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0935974

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	Anthony R Ambrosio	4621 NW 8 Ave	Oakland Park, FL 33309
			600003441556--6 -10/27/00--01012--008 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMROSIO, ANTHONY R  
4621 NW 8 AVENUE  
OAKLAND PARK FL 33309

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Anthony R Ambrosio*  
REGISTERED AGENT MUST SIGN

Date

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

*Anthony R Ambrosio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00 954-493-7429  
Date Daytime Phone #

**Tonys Custom Design**

4621 NW 8 Avenue  
Oakland Park, FL 33309  
(954) 493-7429

208

October 13, 2000

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

re: P99000095951

Per my telephone call yesterday and advise given I am writing this letter regarding my corporation.

I was in shocked to receive your notice dissolving my corporation. I only received it last October. I have not received any notices about paying and then I get this. I am enclosing the \$150.00 fee as directed. Please fix this for me. Since this is my first corporation, I was not aware of when to pay. I was told to call next year if I don't get a bill in January. Thanks for your help.

Thank you, in advance for your help.

Sincerely,



Anthony R. Ambrosio