

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -2 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S56430

1. Corporation Name

TONDELEYO, INC.

2. Principal Office Address

1759 Bay Road

3. Mailing Office Address

1759 Bay Road

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

Zip

33139

Country

USA

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business In Florida

05/31/1991

5. FEIN Number

650271792

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

WINDJAMMER BAREFOOT CRUISES LIMITED

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

1759 Bay Road

Suite, Apt. #, Etc.

Suite 301

City

Miami Beach

State

FL

Zip Code

33139

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 10-25-06

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
D, P, S, T	Daniel Burke	1759 Bay Road, Suite 301	Miami Beach, FL 33139
CFO	Iris Mayaudon	1759 Bay Road, Suite 301	Miami Beach, FL 33139

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #