

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000087471

1. Entry Name  
TONER MANAGEMENT SYSEMS, INC.



FILED

08 NOV -5 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3855 N.W. DEER OAK DRIVE JENSEN BEACH, FL 34957	Mailing Address P.O. BOX 1670 JENSEN BEACH, FL 34958
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2. Principal Place of Business - No P.O. Box # City, State, Zip #, etc.	3. Mailing Address Suite, Apt. #, etc.
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**REINSTATEMENT 08**

4. FEI Number 20-5147902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAGNANI, STEPHEN J 3855 N.W. DEER OAK DRIVE JENSEN BEACH, FL 34957	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

9. Signature of Agent  
Signature: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: MAGNANI, STEPHEN J STREET ADDRESS: P.O. BOX 1670 CITY - ST - ZIP: JENSEN BEACH, FL 34958 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900137666489</b> <b>11/05/08--01020--014</b> <b>**\$158.75</b>		
TITLE: ST NAME: MAGNANI, DONNA J STREET ADDRESS: P.O. BOX 1670 CITY - ST - ZIP: JENSEN BEACH, FL 34958 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Stephen Magnani Date: 11-1-08 Daytime Phone #: 23-7706

SC 11/6