

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

*PAQC/af*

**CORPORATION**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -7 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P 95000044379*

1. Corporation Name

*TOYO HOME IMPROVEMENT, CORP*

2. Principal Office Address

*6692 SW 135 CT.  
MIAMI, FL 33183*

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*MIAMI, FL 33183*

City & State

Zip

Country

*33183*

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$875 Additional Fee required  
for a Certificate of Status**

600023613476

10/07/03--01048--006 \*\*150.00

**7. Name and Address of Current Registered Agent**

Name

*TULIO H. GOMEZ*

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

*6692 SW 135 CT.*

Suite, Apt. #, Etc.

City

*MIAMI*

State

*FL*

Zip Code

*33183*

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

Date

REGISTERED AGENT MUST SIGN

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
<i>V/P</i>	<i>MARIA GOMEZ</i>	<i>6692 SW 135 CT.</i>	<i>MIAMI, FL 33183</i>
<i>P</i>	<i>Tulio H. Gomez</i>	<i>6692 SW 135 CT</i>	<i>Miami, FL 33183</i>

*TS 03 482*

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/30/03*

Date

*305-383-3811*

Daytime Phone #

CR2E081 (10/02)

*psyerub*

September 15, 2003

Florida Dep. Of Revenues  
Division of Corporations  
Tallahassee, Fl 32367

Dear Mr. Or Mrs.

This is to ask you if you can waived the penalties for failing late the Annual Report of Tuyo Home Improvement Corp., I find out that the report was never filled and that was because we never received any of the forms to do such payment. Our Accountant was the person who ask me about it and I was shock to know that the payment could be as much as \$750 by know.

So please attached you will find a check for \$150 Dollar which is the regular amount before May 1<sup>st</sup>.

Thank you, for your cooperation in this matter.

Please contact me if you need more information.

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*[Signature]*  
Fullo H. Gomez  
President of Tuyo Home improvement Corp.  
No. P95000044379  
FIN 65-0586305