

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000079827

1. Corporation Name
Toledo Holdings, Inc.

500004547505--5
-08/21/01--01072--020
****900.00 ****900.00

2. Principal Office Address 8211 W Broward Blvd		3. Mailing Office Address Same	
Suite, Apt. #, etc. 410		Suite, Apt. #, etc.	
City & State Plantation, FL		City & State	
Zip 33324	Country Broward	Zip	Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida 9/10/98	
5. FEI Number 65-1092914	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Frank Gutta		
Street Address (P.O. Box Number is Not Acceptable) 8211 W Broward Blvd., 410		
Suite, Apt. #, Etc. 410		
City Plantation	State FL	Zip Code 33324

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: *Frank Gutta* REGISTERED AGENT MUST SIGN Date: _____

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
Pres	John Blanke	8211 W Broward Blvd 410	Plantation, FL 33324
VP/Treas	Brandon Samuels	9211 W Broward Blvd., 410	Plantation, FL 33324

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: *John Blanke* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 8/7/01
Daytime Phone #: 954-452-8810