

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 DEC 28 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000001068

1. Corporation Name **TOVARON - USA INC.**

W06-54226

REINSTATEMENT 05-06

2. Principal Office Address

137 Fifth Ave

Suite, Apt. #, etc.

3. Mailing Office Address

% N.S. Edwards, 290-174 St.

Suite, Apt. #, etc.

815

City & State

New York, N.Y.

City & State

Sunny Isles Beach, FL

Zip

10010

Country

USA

Zip

33160

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/2004

5. FEI Number

22-2769898

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

Name

Nadia S. Edwards, CPA

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

290-174 Street

Suite, Apt. #, Etc.

815

City

Sunny Isles Beach

State

FL

Zip Code

33160

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

Nadia S. Edwards

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
CPST OFER	NINI	137 Fifth Ave	New York, N.Y. 10010
D	WEDEN, TIM	137 Fifth Ave	New York, N.Y. 10010
D	GAVRILOV Betty	137 Fifth Ave	New York, N.Y. 10010

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:

Nadia S. Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/08/06 (305) 932-3325

Date

Daytime Phone #

12/28/06

212

NADIA S. EDWARDS, CPA
290 – 174 ST. #815
Sunny Isles Beach, FL 33160

December 11, 2006

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ref. TOVARON – USA, Inc. Document # F04000001068

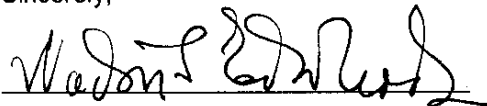
Dear Sir/ Madam:

Please be advised that the annual registration notification has not been received and that we were unaware that the Company was dissolved for not filing the annual report until we were contacted by our Bank. A search on-line revealed that indeed the Company has been dissolved.

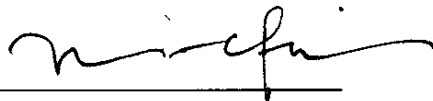
In view of the above, we respectfully ask that you waive the \$600 reinstatement fee and accept our check in the amount of \$158.75 (61.25 for 2006; 88.75 for 2005 and \$8.75 for the Certificate of Status) as the full payment for re-instatement.

Thank you for giving this your prompt attention.

Sincerely,



Nadia S. Edwards, CPA



Nini Ofri, Chairman