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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	3. Mailing Office Address
137 Fifth Ave	C/O N.S. Edwards, 290-174 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 815
City & State: New York, N.Y	City & State: Sunny Isles Beach, FL
Zip: 10010 Country: USA	Zip: 33160 Country: USA

CR2E081 (12/05)

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

200082583432
12/18/06--01005--004 **158.75

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
CPSTOFRI	OFRI, NINI	137 Fifth Ave	New York, N.Y 10010
D	WEDEN, TIM	137 Fifth Ave	New York, N.Y. 10010
D	Gavrielov Betty	137 Fifth Ave	New York, N.Y. 10010
		800083014028 01/03/07--01064--005 **150.00	

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 — 12/08/06 — (305) 932-3325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/28 CW

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

Tel. 305-932-3325 Fax 305-682-0229