

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 17 AM 9:28

PLEASE READ ALL INSTRUCTIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000005152

1. Corporation Name

TOMATLAN PROPERTIES CORP.

600159515486
08/12/09--01037--017 **100.00

KS

REINSTATEMENT 08-09
CR2E061 (12/08)

2. Principal Office Address - No P.O. Box # REITERGASSE 9-11		3. Mailing Office Address REITERGASSE 9-11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ZURICH		City & State ZURICH	
Zip CH8002	Country SWITZERLAND	Zip CH8002	Country SWITZERLAND

4. Date Incorporated or Qualified
To Do Business in Florida **SEPT. 8, 2004**

5. FEI Number ☒ 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 CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD	
Suite, Apt. #, Etc.	
City PLANTATION	State FL Zip Code 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] **Melissa Fox**
Vice President
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
	SEE ATTACHED APPENDIX A		

600159515486
09/18/09--01006--004 **308.75

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: [Signature] **Steven Weekes**
PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 JULY 2009

Date

Daytime Phone #

APPENDIX A

TOMATLAN PROPERTIES CORP.

Director	Raelene Gabrielli
Director	Steven J. Weekes
Alternate Director	Cecile Pernet

Secretary	Kay Bower
------------------	-----------

Address of Directors/Secretary: Reitergasse 9-11, CH0027, Zurich , Switzerland