

2009 FOR PROFIT CORPORATION REINSTATEMENT



FILED
09 JUN 2 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 486246				1. Entity Name TOMAR CORP.	
Principal Place of Business 18710 GARBO TERR # 8 BOCA RATON, FL 33496 US			Mailing Address 9850 SANDALFOOT BLVD # 468 BOCA RATON, FL 33428		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1627998	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUILIANO, MARIE 18710 GARBO TERR # 8 BOCA RATON, FL 33496			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Marie Guiliano</i>		SIGNATURE <i>Marie Guiliano</i>		DATE <i>5/27/09</i>	
<small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300156671703 06/02/09--01021--020 **158.75	
NAME	GUILIANO, MARIE		NAME	06/02/09 01021 022 \$150.00	
STREET ADDRESS	18710 GARBO TERR #8		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		
NAME	GUILIANO, ANTHONY		NAME		
STREET ADDRESS	19593 LIBERTY RD.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	REINSTATEMENT 08-09	
NAME	GUILIANO, ANTONIO		NAME	<i>26/2</i>	
STREET ADDRESS	18710 GARBO TERR #8		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Marie Guiliano</i>		SIGNATURE: <i>MARIE GUILIANO</i>		DATE: <i>5/27/09</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Signature</small>		<small>DATE</small>	
				DAYTIME PHONE: <i>561-474-3511</i>	