

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 27 PM 12:06

DOCUMENT # 592166

1. Corporation Name

Toronto Investments, Ltd., Inc.

800028402238
02/09/04--01026--015 **900.00

REINSTATEMENT

03-04

2. Principal Office Address

95 St. Clair Avenue, West

Suite, Apt. #, etc.

Suite 1403

City & State

Toronto, ONT.

Zip

M4V 1N6

Country

Canada

3. Mailing Office Address

95 St. Clair Avenue, West

Suite, Apt. #, etc.

Suite 1403

City & State

Toronto, ONT.

Zip

M4V 1N6

Country

Canada

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/03/78

5. FEI Number

59-1869700

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 S. Pine Island Drive

Suite, Apt. #, Etc.

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

PETER F. SOUZA
ASSISTANT SECRETARY

Date

1/26/07

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
D	Michael Goldstein	64 Merton Street	Toronto, Ontario, Canada
VP	Edwin Goldstein	95 St. Claw Ave, W., Suite 1403	Toronto, Ontario, Canada
S	Harold Goldstein	95 St. Claw Ave, W., Suite 1403	Toronto, Ontario, Canada
T	Sharon David	15 Glen Manor Dr., Apt. 202	Toronto, Ontario, Canada

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/04

Daytime Phone #

CR2E081 (10/02)