

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**

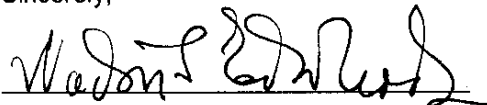
Dear Sir/ Madam:

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.

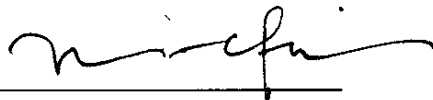
In view of the above, we respectfully ask that you waive the \$600 reinstatement fee and accept our check in the amount of \$158.75 (61.25 for 2006; 88.75 for 2005 and \$8.75 for the Certificate of Status) as the full payment for re-instatement.

Thank you for giving this your prompt attention.

Sincerely,



Nadia S. Edwards, CPA



Nini Ofri, Chairman