

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY -1 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H07321**

1. Corporation Name

TOE PRODUCTIONS INC

2. Principal Office Address

4902 Samoa Cir

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32808

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1984

5. FEI Number

592435255

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

Jeannie Linders

Street Address (P.O. Box Number is Not Acceptable)

4902 Samoa Circle

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32808

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

Jeannie Linders

REGISTERED AGENT MUST SIGN

Date

04.25.02

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
Pres	Jeannette C Linders	4902 Samoa Cir	Orlando, FL 32808

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:

Jeannette C Linders

Jeannette C Linders

Date

4/25/02

Daytime Phone #

**407
298-1051**

CR2E081 (9/01)

25 5/5/02

TOC Productions Inc.

25 April 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

RE: TOC Productions Inc. H07321

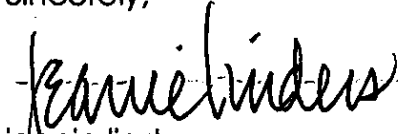
Per Eula in Reinstatements:

Enclosed please find reinstatement form for **TOC PRODUCTIONS INC.** as a Florida Corporation. I received the notice of charter dissolution by the State for non-payment and submission of the annual report.

On calling the office for Reinstatement, I was informed that your records show that the report forms were returned to the State for 2001. I was instructed to submit the attached form with the payment of \$300 for the years 2001 and 2002 with a request to waive the penalty as the forms were not received nor were they forwarded to the registered agent of the company at that time.

Thank you for your consideration on this matters.

Sincerely,



Jeannie Linders
President

TOC Productions Inc.