

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 MAY 17 AM 11:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA											
DOCUMENT # J21054 1. Corporation Name TOULA MANUFACTURING LIMITED, INC.															
2. Principal Office Address 8148 NW 74th AVE Suite, Apt. #, etc.		3. Mailing Office Address 8148 NW 74th Ave. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 592694292 Applied For ☐ Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status											
City & State Medley, FL 33166		City & State Medley, FL													
Zip 33166	Country Miami, Dade	Zip 33166	Country Miami-Dade												
7. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name Tienhsiang Eddie Wang</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 8148 NW 74th Avenue</td> </tr> <tr> <td colspan="2">Suite, Apt. #, Etc.</td> </tr> <tr> <td>City Medley</td> <td>State FL</td> </tr> <tr> <td colspan="2">Zip Code 33166</td> </tr> </table>						Name Tienhsiang Eddie Wang		Street Address (P.O. Box Number is Not Acceptable) 8148 NW 74th Avenue		Suite, Apt. #, Etc.		City Medley	State FL	Zip Code 33166	
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City Medley	State FL														
Zip Code 33166															
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 <i>x Tienhsiang Eddie Wang</i> 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												
①	Tienhsiang Eddie Wang	8148 NW 74th Ave	Medley, FL 33166												
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: <i>x Tienhsiang Eddie Wang</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR															
				Date	Daytime Phone #										