

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 MAY 30 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/12/02--01069--018
***1500.00 ***1500.00

REINSTATEMENT 98-02

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J99180					
1. Corporation Name Toot's Body Shop, Inc.					
2. Principal Office Address 1801 NW 29 St.			3. Mailing Office Address 1732 N. Victoria Pk. Rd.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Oakland Park, FL			City & State Ft. Lauderdale, FL		
Zip 33311	Country U.S.A.	Zip 33305	Country U.S.A.		

4. Date Incorporated or Qualified To Do Business in Florida 10/26/87	Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 54-0008987	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name Donna Merritt	
Street Address (P.O. Box Number is Not Acceptable) 1732 N. Victoria Pk. Rd.	
Suite, Apt. #, Etc.	
City Ft. Lauderdale	State FL Zip Code 33305

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 **Donna Merritt** Date **5-23-02**
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
Pres. of corp	Patrick A. Toot	1732 N. Victoria Pk. Rd. Ft. Laud, FL 33305 →	
			1350.00-Adm
			61.25-AR
			88.75-Cor

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

5-28-02 (994) 486-4652

Date

Daytime Phone #