

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

AND  
FILED

01 APR 25 AM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L56888

**1. Corporation Name**

TOYOMOTO, INC.

**2. Principal Office Address**

10772 SW 188 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

USA

**3. Mailing Office Address**

100 N. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 2608

City & State

Miami, FL

Zip

33132

Country

USA

**REINSTATEMENT** 00-01

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

3/8/90

**5. FEI Number**

65-0177978

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

JEFFREY A. BERNSTEIN

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

100 N. Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 2608

City

Miami

State

FL

Zip Code

33132

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-05/11/01-01118-009  
\*\*\*\*900.00 \*\*\*\*900.00

**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

*Jeffrey A. Bernstein*  
REGISTERED AGENT MUST SIGN

Date

4/13/01

**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/P/V S/T	HOLUNG, Lancelot	100 N. Biscayne Blvd. #2608	Miami, FL 33132

**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:**

*Lancelot HoLung*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lancelot HoLung, President, 305-371-4555

Date

Daytime Phone #

MW

CR2E081 (9/00)