
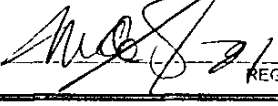
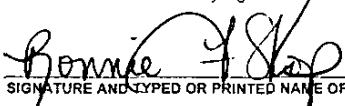


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 105000002844			
<b>1. Corporation Name</b> Toast to Humanity INTERNATIONAL INC			
<b>2. Principal Office Address</b> 5222 MAJOREA CLUB DR.		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> BOCA RATON, FL		<b>City &amp; State</b>	
<b>Zip</b> 33486	<b>Country</b> U.S.A.	<b>Zip</b>	<b>Country</b>
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 3/18/2005		<b>5. FEI Number</b> 83-0419600	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> Michael Skop			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 12865 W. Dixie Highway			
<b>Suite, Apt. #, Etc.</b>			
<b>City</b> North Miami		<b>State</b> FL	<b>Zip Code</b> 33161
<b>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.</b>			
<b>Signature of Registered Agent</b> 		<b>Date</b> 1/23/07	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
BOARD MEMBER	David Morrow	3101 North Federal Hwy #300	St. Landeale, FL 33306
BOARD MEMBER	Mike Choma	250 Jacaranda Country Club Drive	Plantation, FL 33324
BOARD MEMBER	Greg Salnella	250 Duffield Avenue #401	Toronto, Ontario, Canada USA 1A
PRESIDENT	Bonnie Skop	4043 Crescent Creek Drive	Coconut Creek FL 33073
<b>REINSTATEMENT 06-07 B 4/12/07</b>			
<b>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.</b>			
<b>SIGNATURE:</b> 		<b>Date</b> 1/23/07	<b>Daytime Phone #</b> 954-695-3483
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			