

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 10, 2008 8:00 A.M.
Secretary of State

DOCUMENT # NO6000004862

1. Corporation Name

GO TOROS, INC.

2. Principal Office Address - No P.O. Box # DR

13203 SLASH Pine
Suite, Apt. #, etc.

3. Mailing Office Address

13203 SLASH Pine DR.
Suite, Apt. #, etc.

City & State

HUDSON, FL

City & State

HUDSON, FL.

Zip

34669

Country

USA (PASCO)

Zip

34669

Country

USA (PASCO)

900136806339
10/10/08--01015--004 **297.50

REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

2006

5. FEI Number

20-4807981

☒ 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

JOSEPH A. TIMPONE

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

10221 SW 144 ST.

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33176

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Joseph A. Timpane
REGISTERED AGENT MUST SIGN

Date 10/7/08

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
<u>PRES.</u>	<u>JOSEPH A. TIMPONE</u>	<u>10221 SW. 144 ST</u>	<u>MIAMI, FL 33176</u>

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:

Joseph A. Timpane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/7/08

Daytime Phone #

786-214-0016

2010/10