

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAR 19 PM 12:00

DOCUMENT # N36933

1. Corporation Name

**TOBA FOUNDATION, INC**  
**DOCUMENT #: N36933**

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

2415 RIVERSIDE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

2415 RIVERSIDE DRIVE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33602

Country

U.S.A.

City & State

TAMPA, FLORIDA

Zip

33602

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

FOSTER LOUETT, CPA

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

400 E MLK BLVD

Suite, Apt. #, Etc.

SUITE 108

City

TAMPA

State

FL

Zip Code

33603

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

*Foster Louett*

REGISTERED AGENT MUST SIGN

300139696933

03/11/09--01009--015 \*\*980.00

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	JAMES, RANSOM	P.O. Box 25621	TAMPA, FLORIDA
D	KEN, ANTHONY	2415 RIVERSIDE DRIVE	TAMPA, FLORIDA
D	ROBERT B MORRISON, JR	8302 RIVER HIGHWAY PLACE	TAMPA, FLORIDA
D	CLINTON PARIS	10014 WATER WORKS LANE	RIVERVIEW, FLORIDA
D	JEFFREY RHODES	301. N. HOWARDS AVE	TAMPA, FLORIDA

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:

*Ken Anthony*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ken Anthony

12/29/08

Date

Director

Daytime Phone #

300139696933

01/06/09--01019--016 \*\*236.25

**REINSTATEMENT** 93-09

4. Date Incorporated or Qualified  
To Do Business in Florida

03-06-1990

5. FEI Number

59-3154126

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.