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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001567			
1. Corporation Name The Tori Foundation Inc.			
Principal Place of Business		Mailing Address	

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 2499	26 P.O. Box 2499
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Hobe Sound FL	28 City & State Hobe Sound FL
24 Zip 33475	29 Zip 33475
25 County	30 County

3. Date Incorporated or Qualified 3/17/98	3a. Date of Last Report
4. FEI Number	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent
Corporate Creations Enterprises Inc. 941 Fourth Street #200 Miami Beach, FL 33139

10. Name and Address of New Registered Agent	
81 Name Corporate Creations Enterprises Inc.	
82 Street Address (P.O. Box Number is Not Acceptable) 941 Fourth Street #200	
83	
84 City Miami Beach	85 Zip Code 33139

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Todd A. Hardy, Assistant Secretary 6/28/2000 **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 42 or Block 13, or as an attachment with an address.

SIGNATURE Peter Draovitch Director 5/2/00 (561) 221-0406

Signature and typed or printed name of signing officer or director. Date Daytime Phone #

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N98000001567

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT
THE TORI FOUNDATION INC.

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