

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE 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 21 9344 Timber Trail		2a. Mailing Address 26 9344 Timber Trail	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 Pittsburgh PA		City & State 28 Pittsburgh PA	
Zip 24 15237	County 25	Zip 29 15237	County 30
3. Date Incorporated or Qualified 3/17/1998		3a. Date of Last Report 3/19/02	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name Corporate Creations Network Inc.	
		82 Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road #221E	
		83	
		84 City Palm Beach Gardens FL	
		85 Zip Code 33410	
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 Signature, typed or printed name of registered agent and title if applicable.		K. SAKKA VP, CCN1 (NOTE: Registered Agent signature required when reinstating) DATE 07/2/04	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Peter Draovitch 9344 Timber Trail Pittsburgh, PA 15237 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200038954792 07/09/04--01078--003 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Charles Noraded Bryn Marie Avenue Pottamyre, PA 17901 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tom Stock 224 Broad Street St. Claire, PA 17970 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 12 or Block 13, or on attachment with an address.			
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Peter Draovitch, Director by K. SAKKA as attorney in fact Date 7/2/04	

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: The Tori Foundation Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. ~~\$1225~~ check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003

2004

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: _____

by K. Sarria as attorney-in-fact

Name: _____

DRAOVITCH, PETER

Title: _____

Director

Date: _____

7/2/04