

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000025064

1. Corporation Name

TOMA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

617 SOUTH STATE ROAD 7  
HOLLYWOOD FL 33023

617 SOUTH STATE ROAD 7  
HOLLYWOOD FL 33023

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/10/2000

5. FEI Number

65-0994381

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	TOMA, PATRICK	617 S SR 7	HOLLYWOOD FL 33023

500024377595

11/03/03--01048--006 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOMA, PATRICK F  
5750 WASHINGTON ST.  
HOLLYWOOD FL 33023

Name

MATTHEW J. KAHN PA

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

3527 GRIFFIN RD

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33312

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/31/03

11. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/03

CR2040 (7/03)

M A T T H E W J . K A H N , P A

C E R T I F I E D P U B L I C A C C O U N T A N T S

Member American Institute of Certified Public Accountants  
Member Florida Institute of Certified Public Accountants

3527 Griffin Road  
Fort Lauderdale, FL 33312

Office: 954-851-9996

Fax: 954-838-9212

mkahn@accountingfirm.ws

www.accountingfirm.ws

October 31, 2003

Florida Department of State  
Annual Report/Reinstatement Section  
PO BOX 6327  
Tallahassee, FL 32314-6327

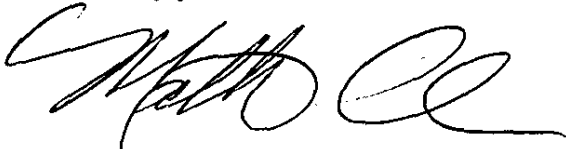
RE: Corporate Restatement  
Toma Enterprises, Inc.  
FEI 65-0994381

To Whom It May Concern:

Enclosed is a check in the amount of \$150.00 for the above company. The taxpayer was unaware that the corporate annual report and fee was not paid prior to May 1, 2003. The taxpayer is requesting that the corporation be reinstated for the original amount of \$150.00 since he was ill throughout the tax year and was unaware that this fee was not paid.

Should you have any questions, please feel free to contact my office.

Sincerely yours,



Matthew J. Kahn, CPA