

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

04 JUL 13 AM 10:39

DOCUMENT # P00000031474

1. Corporation Name

Toga Food & Sports Inc.

2. Principal Office Address

27315 State Rd 54

Suite, Apt. #, etc.

3. Mailing Office Address

27315 State Rd 54

Suite, Apt. #, etc.

City & State

Wesley Chapel, Fl.

City & State

Wesley Chapel, Fl.

Zip

33543

Country

pasco

Zip

33543

Country

pasco

500039124535

07/14/04--01043--004 **908.75

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

July 1999

5. FEI Number

59-3632926

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

Gary Dean Bailey

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

8051 Shenandoah Run

Suite, Apt. #, Etc.

1005

City

Wesley Chapel

State

FL

Zip Code

33544

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

Gary Bailey

REGISTERED AGENT MUST SIGN

Date 7/10/04

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 |
|--------|--------------------------------------|---|--------------------|
| T | Michelle Bailey | 8051 Shenandoah Run Wesley Chapel Fl | 33544 |
| P | Gary D. Bailey | 8051 Shenandoah Run Wesley Chapel, Fl. | 33544 |
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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 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:

Gary Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/10/04

Daytime Phone #

CH2E001 (01/04)