

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 18 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000035711

1. Corporation Name

TOT XOCOLATA U.S. Corp.

2. Principal Office Address

1710 Alton Rd.

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33139

Country

3. Mailing Office Address

1710 Alton Rd.

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33139

Country

REINSTATEMENT

03

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/7/2000

5. FEI Number

22-3724095

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

Isabel Alonso

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

1710 Alton Road

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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
PD	Isabel Alonso	1710 Alton Rd.	Miami Beach, FL 33139
VPD	Pedro Coma	1710 Alton Rd.	Miami Beach, FL 33139
SD	Anna Coma	1710 Alton Rd.	Miami Beach FL 33139

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (1/0/02)

TOT XOCOLATA U.C., CORP.
1710 ALTON ROAD
MIAMI BEACH, FLORIDA 33139

November 13, 2003

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

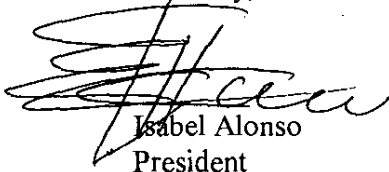
Attn: Reinstatement Section

Re: Document # P00000035711

Dear Sir or Madam:

In reference to a telephone conversation with one of your representatives, we are enclosing our application for reinstatement along with the necessary filing fees for a profit corporation. As we stated in the phone conversation, our uniform business report was never received since we moved our mailing address. We ask that you please pardon the late fee since this problem was due to circumstances beyond our control. If there is any problem processing this report please contact us immediately.

Sincerely,



Isabel Alonso
President