

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P0000054393

1. Corporation Name

TOSCA INVESTMENT CORPORATION, INC.

Principal Place of Business

Mailing Address

1101 CORAL WAY  
CORAL GABLES FL 33134

1101 CORAL WAY  
CORAL GABLES FL 33134

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



*2001* *JHM*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/06/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TOSCA, CARLOS J	1101 CORAL WAY	CORAL GABLES FL 33134
VP	Vento, William	7055 SW 76 ST	MIAMI FL 33143
			200004669132--3 -11/06/01--01061--001 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOSCA, CARLOS J  
1101 CORAL WAY  
CORAL GABLES FL 33134

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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.

Signature of Registered Agent *[Signature]* SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-15-01

11. I certify that I am an officer or director of the corporation 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 REQUIRED *Carlos Tosca*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 10-15-01 Daytime Phone # 305-445-2070

CR2E040 (8/01)