

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

04 FEB 18 PM 3:39

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P01000024456

1. Corporation Name

SHIRLEY TOSCANO, INC.

Principal Place of Business

Mailing Address

12000 ASHTON MANOR WAY
 ORLANDO FL 32823

12000 ASHTON MANOR WAY
 ORLANDO FL 32823

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

REINSTATEMENT 03-04

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/28/2001	
City & State		City & State		5. FEI Number	
Zip		Country		52-2297365	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$9.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	TOSCANO, SHIRLEY	10000 ASHTON MANOR WAY APT 207	ORLANDO FL 32828
		12000 ASHTON WAY APT 207	
			200024948372 02/25/04--01015--018 **150.00
			200024948372 11/24/03--01013--018 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TOSCANO, SHIRLEY 12000 ASHTON MANOR WAY ORLANDO FL 32823		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: Shirley Toscano Date: 10-19-03
 REGISTERED AGENT MUST SIGN

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)(l), 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: Shirley Toscano Date: 10-19-03 Daytime Phone #: 800-854-2172
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 10, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Shirley Toscano, Inc.
FEIN: 52-2297365

To whom it may concern,

I spoke with a member at your office who told me back in October that I could write your office a letter explaining why I had not filed the Uniform Business Report yet and you would accept the 150.00 check for the filing. That check has been cashed and since then I have received the attached letter stating that I owe an additional 600.00 in order to keep my corporation in business. I then spoke with another person at your office who told me to write another letter stating what had happened and that the check had been cashed and everything would be okay. I have a big problem with getting all of my mail and will make sure that next year if I do not receive my Uniform Business Report by the end of April next year I will make it my job to obtain a copy of the report and send you a check by the date due. If you have any further questions, please do not hesitate to contact me at (407)282-0980. I apologize for any inconvenience. Thank you for your cooperation.

Shirley Toscano
Owner