

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 DEC -4 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000065047**

1. Corporation Name

**TOSCANI IMPORTS, INC.**

Principal Place of Business

Mailing Address

**777 NW 72 AVES 2AA17  
MIAMI FL 33126**

**777 NW 72 AVES 2AA17  
MIAMI FL 33126**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/29/2001**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-1117615**

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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
D	NOGHRAHKAR, <del>NADER</del> NADER	777 NW 72ND AVENUE, SUITE 2AA17	MIAMI FL 33126
<del>D</del>	NOGHRAHKAR, MINA	<del>777 NW 72ND AVENUE, SUITE 2AA17</del>	<del>MIAMI FL 33126</del> NO LONGER ACTIVE AND INVOLVED. (RESIGNED)

200024260032

10/29/03--01071--007 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**NOGHREHKAR, NADER  
777 NW 72 AVES 2AA17  
MIAMI FL 33126**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE OF REGISTERED AGENT MUST SIGN**

Date **10/27/03**

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**

**10/27/03**

Date

**305-264-3378**

Daytime Phone #

CR2E040 (7/03)

14  
TOSCANI IMPORTS

12/2/03

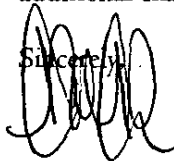
Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

Ref. Number: P01000065047

To Whom It May Concern,

I hereby would like to request the wavier of the reinstatement fees for our corporation. The required paperwork to file on timely manner did not reach us until we were notified of the dissolution of the company. Since then we have sent the required fee (\$150.00), and we will truly appreciate the waiver of the additional charges.

Sincerely,



NADER NOGHREHKAR

777 N.W. 72nd Avenue

Suite 2AA17

Miami, Florida 33126

(305) 264-3318

(305) 264-3319 Fax