

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05-AUG -5 PM 1:54

DOCUMENT # P0100070023

1. Corporation Name M.P. TOONS CORP.

2. Principal Office Address

13812 SW. 8 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33184

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-1121369

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Linda Muvdi

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

15242 SW. 138 TH. CT.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33177

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

Linda Muvdi

REGISTERED AGENT MUST SIGN

Date 8-1-05

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
D/P/S/T	MUVDI, Linda	15242 SW. 138 TH. CT.	MIAMI, FL. 33177

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:

Linda Muvdi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LINDA MUVDI

8-1-05

Date

786- 286 1287

Daytime Phone #