

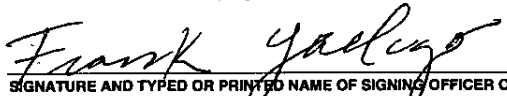


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PO1000092333			
1. Corporation Name TOLOLO'S CORPORATION, INC.			
2. Principal Office Address 1345 NW 4TH STREET		3. Mailing Office Address 1345 NW 4TH STREET	
Suite, Apt. #, etc. 4		Suite, Apt. #, etc. 4	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33125	Country	Zip 33125	Country
4. Date Incorporated or Qualified To Do Business in Florida 09/17/2001			
5. FEI Number 65-1137590			Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
Name FRANCISCO GALLEGO			
Street Address (P.O. Box Number is Not Acceptable) 1345 NW 4TH STREET			
Suite, Apt. #, Etc. 4			
City MIAMI		State FL	Zip Code 33125
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 		Date 04/21/04	
REGISTERED AGENT MUST SIGN			
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	FRANCISCO GALLEGO	1345 NW 4TH STREET	MIAMI, FL 33125
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: 		04/21/04 (786) 426-1191	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
04 APR 28 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04
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04/28/04--01014--011 **900.00

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