

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000094286	
1. Entity Name TOYO-SHOKAI LIMITED, INC.	



FILED

05 MAR 24 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03222005 REIN-P CR2E098 (6/04)

Principal Place of Business 7 N.W. 2ND STREET, SUITE 218 MIAMI, FL 33128	Mailing Address 7 N.W. 2ND STREET, SUITE 218 MIAMI, FL 33128
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2. Principal Place of Business 7 N W 2ND ST	3. Mailing Address SAME
Suite, Apt. #, etc. 218	Suite, Apt. #, etc.
City & State MIAMI FL	City & State
Zip 33128	Country DADE

4. FEI Number 65-1140066	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALLEN, BLANDEL 7 N.W. 2ND STREET, SUITE 218 MIAMI, FL 33128	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **3/22/2005**

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NG, PHILIP 7 N.W. 2ND STREET, SUITE 218 MIAMI, FL 33128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700049736687 04/04/05--01003--011 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, DAISY 7 N.W. 2ND STREET, SUITE 218 MIAMI, FL 33128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, BLANDEL 7 N.W. 2ND STREET, SUITE 218 MIAMI, FL 33128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **3/22/2005**
SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



March 22, 2005

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

Dear Sir / Madam,

Further to my telephone conversation with one of the officers of this office. Although our mailing address is very clear on your records, we have not been able to receive your mail in this office. Please check again and use the address as shown on this page. We enclosed our check in the amount of \$300.00.

Sincerely,

Toyo Shokai Limited Inc.

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enci: Check