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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 22 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000094286

800022582858
08/26/03--01052--029 **300.00

1. Corporation Name

TOYO SHOKAI LIMITED INC.

2. Principal Office Address	3. Mailing Office Address
7 NW 2nd Street	SAME AS PRINCIPAL OFFICE
Suite, Apt. #, etc.: SUITE 218	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State
Zip: 33128 Country: DADE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1140066 ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Blandel Allen

Street Address (P.O. Box Number is Not Acceptable): 7 NW 2nd Street

Suite, Apt. #, Etc.: 218

City: Miami State: FL Zip Code: 33128

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 Aug. 12, 2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
	Blandel Allen (Managing Dir.,)	14425 NE 6 Ave., Apt 320	Miami Fl 33161
	Peat Allen (Director)	8323 NW 191 St, Lane	Hialeah Fl33015

REINSTATEMENT 08-03 TS

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: _____ Aug 12, 03 (305)523-2258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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TOYO SHOKAI LTD., INC.
WHOLESALE JAPANESE AUTO PARTS

7 NW 2 ND ST., SUITE 218
MAMI, FLORIDA 33128-USA
TEL:305-523-2258 FAX 305-523-2259
E-MAIL:toyoshokai@mail.com
toyoshokai@bellsouth.net

P01000094286

August 6,2003

Division of Corporation
409 East Gains Street
Tallahassee Fl 32399

Attention: Reinstatement Division

Dear Sir / Madam,

Re Corporation ID No.65-1140066.

We enclosed our check of $300.00 requesting waive in reinstatement fee as we did not receive the annual report, please note our address. Per conversation 2002 notice

Yours truly,
Toyo Shokai Limited Inc.

8/18/2003

DEAR TYLON.

TODAY WE RECEIVE THE CHECK YOUR OFFICE RETURN. I SPOKE TO YOU LAST WEEK ABOUT THIS MATTER AND YOU ADVISE THAT WE SEND SAME TO YOUR ATTENTION WITH THE PROPER FORM.