

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 11 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000095928

1. Corporation Name

TOSU, INC.

2. Principal Office Address
6920 NW 45 COURT

3. Mailing Office Address
6920 NW 45 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAUDERHILL, FL

City & State
Lauderhill, FL

Zip Country
33319 US

Zip Country
33319 US

4. Date Incorporated or Qualified
To Do Business in Florida 10/01/01

5. FEI Number
65-1141640

☒ 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
Susan Y. Benjamin

800008315138--3

Street Address (P.O. Box Number is Not Acceptable)
6920 NW 45 COURT

-10/10/02--01098--001

****158.75 ****158.75

Suite, Apt. #, Etc.

City
Lauderhill

State Zip Code
FL 33319

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 Susan Y. Benjamin

Date 10/9/02

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
PRES.	Susan Y. Benjamin	6920 NW 45 COURT	Lauderhill, FL 33319
Dir.	Antione T. Rouse	6920 NW 45 COURT	Lauderhill, FL 33319

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:

Susan Y. Benjamin SUSAN Y. BENJAMIN, PRESIDENT.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/02
Date

954 578 7761
954 829 0012
Daytime Phone #

CR25001 (8/01)

10/11/02

TOSU, INC.

Susan Y. Benjamin

6920 NW 45 court
Lauderhill, Florida 33319
Phone (954)578-7761
Fax (954)741-8617
patriot0713@msn.com

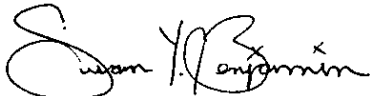
October 9, 2002

Secretary of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To whom this may concern,

I, Susan Y. Benjamin, president of TOSU Inc. have never received any correspondence regarding a uniform business report. Will you please wave the \$600.00 penalty and accept the enclosed money order for \$150.00 (covering the annual report & corporate supplemental fees)? Will you please mail the uniform business report form that I need to file? Upon deciding to reinstate my corporation, will you please mail a certificate of the corporation's status? I have enclosed an additional \$8.75 to cover this charge. The document number assigned to my corporation is PO1000095928.

Thank you,



Susan Y. Benjamin, President.