PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 11 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P01000095928

1. Corporation Name

TOSU, INC.

2. Principal Office Address	**3.** Mailing Office Address
6920 NW 45 COURT	6920 NW 45 Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
LAUDERHILL, FL	Lauderhill, FL
Zip: 33319 Country: US	Zip: 33319 Country: US

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

5. FEI Number: 65-1141640 [X] Applied For [ ] Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Susan Y. Benjamin

800008315133--3
-10/10/02--01093--001
****158.75 ****158.75

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

Suite, Apt. #, Etc.:

City: Lauderhill | State: FL | Zip Code: 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 — REGISTERED AGENT MUST SIGN — Date: 10/9/02

CR2E081 (9/01)

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 — 10/09/02 — 954 5787761 / 954 8290012

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

gr 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 P01000095928.

Thank you,

Susan Y. Benjamin, President.