

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P3 183

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 AUG 14 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000095928

1. Corporation Name

TOSU INC

2. Principal Office Address

6921 NW 45TH CT.

3. Mailing Office Address

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

City & State

Zip

33319

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1141640

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ *error*

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

ANTIONE T. ROUSE

Street Address (P.O. Box Number is Not Acceptable)

6921 NW 45TH 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

Antione Rouse

Date 08-10-2006

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
P/D	ANTIONE T. ROUSE	6921 NW 45TH CT.	LAUDERHILL, FL 33319
D/T	Susan Y. Benjamin	6921 NW 45TH CT	Lauderhill, FL 33319

B 8/15/06

STATEMENT 04-06

900062098799
08/16/06--01024--017 **150.00

900062098799
12/12/05--01041--016 **300.00

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:

Antione Rouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/06/2005

Date

954-578-7761

Daytime Phone #

B 292

SUSAN BENJAMIN

6921 NW 45TH CT
LAUDERHILL, FL 33319
Phone 954-578-7761

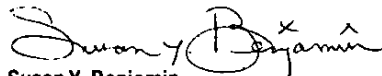
December 6, 2005

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Dear Division of Corporations,

In regards to TOSU Incorporated, document #: P01000095928, I am enclosing \$300.00 in fees for reinstatement as I did not receive a notice to file from the Division of Corporations. (2004 - 2005)

Sincerely,



Susan Y. Benjamin

Page 3 of 3

SUSAN Y. BENJAMIN

6921 NW 45th Court
Lauderhill, FL 33319
Phone (954) 578-7761
Fax (954) 741-8617
Mswiz42k@msn.com

August 10, 2006

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

Dear Document Specialist,

I am submitting request to please have the \$600.00 reinstatement fee waived. At the time of submitting this request for reinstatement, I was working in the emergency room on a nursing travel assignment in Las Angeles, California at MLK/Drew Hospital. I was there from May 1, 2005 thru April 2005. I thought I filled out the documents completely and did not anticipate any neglect. Upon verification of check payment for the \$300.00 I assumed the reinstatement was clear. Upon returning home after recently completing another assignment, I have been reviewing my paper work and found this situation. In the future I will take necessary precautions to facilitate punctual and expedited correspondence. Upon completed review and choosing to process the waiver, please return the enclosed check for \$600.00 to the address above. Thank you.

Sincerely,



Susan Y. Benjamin