1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W09000009282

FILED
2009 MAR 18 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000095928

1. Corporation Name

TOSU, INC

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
6921 NW 45TH COURT		6921 NW 45TH COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
LAUDERHILL, FL		LAUDERHILL, FL	
Zip	Country	Zip	Country
33319	US	33319	US

REINSTATEMENT
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida 10/01/2001

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
ANTOINE 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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 02/05/08
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
PVD	ANTOINE ROUSE	6921 NW 45TH COURT	LAUDERHILL, FL 33319
		600144272435 02/24/09--01012--025 **459.00	

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 contained in Chapter 119, 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: Antoine Rouse 02/05/2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mitchell MAR 18 2009

To: Florida Department of State (Barbara Mitchell)

From: Antoine Rouse AR

Date: March 8, 2009

Re: Tosu, Inc (W09000009282)

I received my reinstatement request back from you on Friday, March 6, 2009 and would like to correct an error made on the original submission.

I have checked the box to reflect the fact that I did not receive the notices to renew my corporation in a timely matter.

I appreciate your time in this matter, and if you should have any questions, please do not hesitate and call me at 954-588-1102.

Thanks for your time in advance.