PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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 whe 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 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 is on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.													
SIGNATURE: 02/05/2009 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #													

To: Florida Department of State (Barbara Mitchell)

From: Antoine Rouse

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.