

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000098651

Entity Name: TOSCANO, INC.

FILED
Oct 26, 2005
Secretary of State

Current Principal Place of Business:

231 RUBY AVE STE G
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

231 RUBY AVE STE G
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3749409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENOESE, MICHAEL
11113 HOLLY CONE DR
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL GENOESE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: GENOESE, MICHAEL
Address: 11113 HOLLY CONE AVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: GENOESE, MICHAEL
Address: 11113 HOLLY CONE AVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL PARSONS

MS.

10/26/2005

Electronic Signature of Signing Officer or Director

Date