

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 25 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000114635

1. Corporation Name

TOBY'S NOSE FILTERS, INC.

Principal Place of Business

205 PALMETTO AVENUE, #310
MERRITT ISLAND FL 32953

Mailing Address

205 PALMETTO AVENUE, #310
MERRITT ISLAND FL 32953

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/2001

5. FEI Number

59-3752093

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MCCORMICK, LESTER (TOBY)	205 PALMETTO AVENUE, #310	MERRITT ISLAND FL 32953
D	MCCORMICK, JOYCE	205 PALMETTO AVENUE, #310	MERRITT ISLAND FL 32953
D	MCCORMICK, BRUCE	145 W. HENDERSON ROAD	COLUMBUS OH 43214
D	MCCORMICK, TONY	130 SUMMERPLACE #7	MERRITT ISLAND FL 32953

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10/25/02--01008--003 **150.00

10/29

8. Name and Address of Current Registered Agent

MCCORMICK, LESTER (TOBY)
205 PALMETTO AVENUE, #310
MERRITT ISLAND FL 32953

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Lester (Toby) McCormick

REGISTERED AGENT MUST SIGN

Date

Oct. 21, 2002

11. 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)(l), 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:

Lester (Toby) McCormick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 21, 2002 (321) 453-3848

Date

Daytime Phone #

CR2E040 (802)

Toby's Nose Filters, Inc.
205 Palmetto Ave. Apt. #310
Merritt Island, Fl. 32953

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

Please be advised that our corporation never received the Uniform Business Report from the state. We are a new company and actually did not know about any yearly corporation renewal until today. We called the customer service number 850-245-6095 and they informed us about the renewal and when to look for it in the future.

Please wave any penalties we might incur; we hope to be in full compliance and know what we are doing in the near future. As instructed, our company check for \$150.00 for the yearly renewal is enclosed. Thank you for understanding; please have patience with the new companies as we try to get something going.

Thank you,

Toby McCormick 10/21/2002

Toby McCormick, VP Operations
Toby's Nose Filters, Inc.