PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ~ FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000115381

1. Corpogation Name

MY TOY TRUCK, CORP.

Principal Place of Business

Mailing Address

1425 SW 36 AVE MIAMI FL 33245 1425 SW 36 AVE MIAMI FL 33245 FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA



INSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 12/05/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For --65-1157835 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director MEULENER, DANILO DP 1425 SW 36 AVE MIAMI FL 33245 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name MEULENER, DANILO Street Address (P.O. Box Number is Not Acceptable) 1425 SW 36 AVE Suite, Apt. #, Etc. **MIAMI FL 33245** State 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

11.1 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/10/03 385-44/79/2 Date Daytime Phone # October 10, 2003

MY TOY TRUCK, CORP.

P01000115381

Division of Corporations PO Box 6327 Tallahassee, Fl. 32314

As per my conversation with the specialist at the Division of Corporations, My Toy Truck, Corp. never received its annual business report or a letter requesting the officer's signature. Therefore, we have submitted with this letter the enclosed UBR signed by the officer. Also enclosed is the check cashed by the division of corporation for the annual fee.

Sincerely,

MEULENER, DANILO

President