PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 24 AM 8:00

DOCUMENT # P02000000524

1. Corporation Name

TOUCAN SIGNS & GRAPHICS, INC.

07/09/03 90034 046 *150.00

Principal Place of Business	Mailing Address
4212 S MCCALL RD STE F ENGLEWOOD FL 34224	4212 S MCCALL RD STE F ENGLEWOOD FL 34224

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

REINSTATEMENT 03 MRD

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/2002

5. FEI Number: 90-0002587 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	STASKO, LAURA	4212 S MCCALL RD STE F	ENGLEWOOD FL 34224

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
STASKO, LAURA 4212 S MCCALL RD STE F ENGLEWOOD FL 34224	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7.03)

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: Laura Stasko Date: 11-24-03
REGISTERED AGENT MUST SIGN

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)(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: Laura Stasko LAURA STASKO Pres 11-24-03 941 475-8008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0117506 AT

292

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

11-24-03

Dear Ruby;

Here is the information you requested that I send you.

Re: Toucan Signs and Graphics, Inc. Annual Report:
Doc# P020000005244

The request for the original report was never received by us and therefor never filed. I have spoken with your office on several occasions and have sent in two letters of explanation as requested. I hope that this letter will resolve this matter once and for all.

Laura Stasko;

Laura Stasko

President
Toucan Signs and Graphics, Inc.
941-475-8008