

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 102

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.

Principal Place of Business

Mailing Address

4212 S MCCALL RD STE F
ENGLEWOOD FL 342244212 S MCCALL RD STE F
ENGLEWOOD FL 34224

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

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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 Numbers 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

Laura Stasko

REGISTERED AGENT MUST SIGN

Date

11-24-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura Stasko LAURA STASKO Pres 11-24-03

Date

Daytime Phone #

941-475-8008

292

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

11-24-03

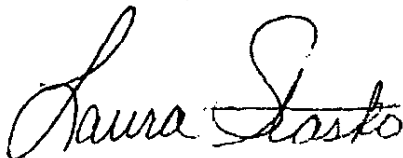
Dear Ruby;

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;

A handwritten signature in cursive script that reads "Laura Stasko". The signature is written in dark ink and is positioned above the printed name and title.

President

Toucan Signs and Graphics, Inc.

941-475-8008