

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -3 PM 4:06

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P02000017487

1. Corporation Name

A TODA MARCHA, INC.

600066896696
03/01/06--01014--028 **300.00

2. Principal Office Address

222 INDUSTRIAL BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

187

Suite, Apt. #, etc.

SAME

City & State

NAPLES, FL.

City & State

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2002

5. FEE Number

030385913

Applied For

Not Applicable

Zip

34104

Country

USA

Zip

SAME

Country

SAME

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROSA CASTILLO

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

222 INDUSTRIAL BLVD

Suite, Apt. #, Etc.

187

City

NAPLES,

State

FL

Zip Code

34104

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 01/13/2006

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ROSA CASTILLO	222 INDUSTRIAL BLVD # 187	NAPLES FL. 34104

10. 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 contained in Chapter 119, 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

01/13/06

Date

239-649-5870

Daytime Phone #

pg 2 of 2

A Toda Marcha, Inc.
222 Industrial Blvd Ste: 187
Naples, FL. 34104
239-649-5870

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

January 13, 2006

Dear Sir/ Madam:

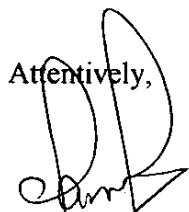
The following is to inform your department that I never received the Annual Report to my address because my accountant has always managed this situation, and he is no longer in our company, all the mail pertaining to my corporation was received by him, and he never informed me of the annual report fees.

I am requesting your department to please waive the fee of \$ 700.00 dollars and only charge me for the regular fee of \$ 150.00 for the annual report of 2005, and enclosed your will find the annual report of 2006 as well.

Please help me resolve this matter as soon as possible.

I await a response from your department.

Attentively,



Rosa Castillo
President.