

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000023890**

1. Corporation Name

TOUSSAINT CORP.

Principal Place of Business

**56 N.E. 162 STREET
NORTH MIAMI BEACH FL 33162**

Mailing Address

**56 N.E. 162 STREET
NORTH MIAMI BEACH FL 33162**

REINSTATEMENT 03

FILED
03 NOV 14 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

01-0631853

Not Applicable

Zip

Country

Zip

Country

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
PSD	BARON, WILSON	56 N.E. 162 STREET	NORTH MIAMI BEACH FL 33162

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**OSMAN, MICHAEL
1474-A WEST 84 STREET
HIALEAH FL 33014**

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

Date

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:

Wilson Baron
WILSON BARON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-10-03

Daytime Phone #

CR2E040 (7/03)



WILSON BARON
56 N.E. 162ND ST.
MIAMI, FL 33162-4225

10061453
Date 04/07/03

877
63-4/630 FL
953

Pay FLORIDA DEPARTMENT OF STATE \$ 150 ~~xx~~
to the order of ONE HUNDRED FIFTY ~~xx~~ Dollars

Bank of America
TOUSSAINT CORP
ACH RT 063100277

Memo 702000023890 Wilson Baron

⑆063000047⑆ 001465986419⑈ 08?? ⑈0000015000⑈

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1008088788
APR 09 2003
BANK OF AMERICA NA JAX
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Capture Date: 20030414 Sequence #: 6740793052

WILSON BARON
56 N.E. 162ND STREET
MIAMI, FL. 33162-4225

NOVEMBER 10, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

REFERENCE: P02000023885
RUTHAAN CORP..

TO WHOM IT MAY CONCERN,

ATTACHED IS AN EXECUTED APPLICATION FOR REINSTATEMENT ALONG WITH A COPY OF A CANCELED CHECK SHOWING I HAD PAID THE ORIGINAL FEE IN EARLY APRIL OF THIS YEAR. IN DISCUSSING IT WITH YOUR STAFF APPARENTLY MY APPLICATION WAS SENT BACK BECAUSE I HAD NOT WRITTEN IN THE FEI NUMBER IN BOX 5 OF THE FORM.

PLEASE BE AWARE IF I HAD RECEIVED THIS REQUEST I WOULD HAVE IMMEDIATELY PUT THE NUMBER DOWN AND SENT IT BACK AS THERE WOULD HAVE BEEN NO REASON NOT TO COMPLY. I HEREBY ASKING RE-INSTATEMENT.

RESPECTFULLY SUBMITTED,


WILSON BARON,
PRESIDENT