

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND
FILE

PS 192

04 OCT 26 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P030002-1065

1. Corporation Name

TOTABANA, Inc.

2. Principal Office Address

31 GABLES BLVD
Suite, Apt. #, etc.

3. Mailing Office Address

31 GABLES BLVD
Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

US

Zip

33326

Country

US

REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida

2/26/03

5. FEI Number

81-0598231

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stephen Zalka, CPA

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

6437 NW 99th Ave.

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33076

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/04/04

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	BARRY ABRAMOWITZ	31 GABLES BLVD Weston, FL 33326	Weston, FL 33326

700042188587
10/26/04--01060--011 **150.00

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

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STEPHEN M. ZALKA

TEL.: (954) 752-8932

FAX: (954) 346-7786

E-MAIL: SZALKACPA@AOL.COM

WWW.ZALKACPA.COM

CERTIFIED PUBLIC ACCOUNTANT
A PROFESSIONAL ASSOCIATION

BROWARD
7667 WEST SAMPLE ROAD
SUITE 280
CORAL SPRINGS, FLORIDA 33065

DADE
90 ALMERIA AVENUE
CORAL GABLES, FLORIDA 33134

REPLY ONLY TO:
BROWARD OFFICE

October 15, 2004

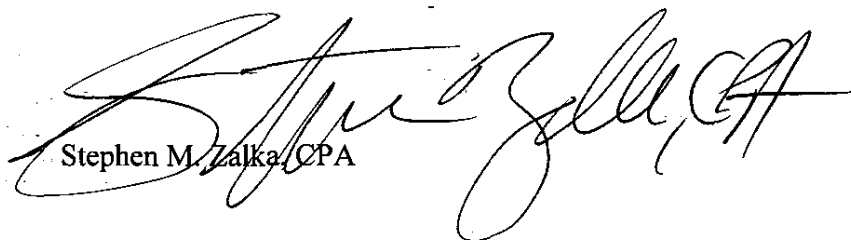
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL. 32302-1500

Re: Jo Jabana, Inc.

To Mr. Toner:

Please accept the filing of the Annual Report for Jo Jabana, Inc. The following taxpayer never received the Annual Report due to the Registered Agent moving. Please execute this filing under normal circumstances. Thank you for your cooperation.

Very truly yours,



Stephen M. Zalka, CPA