

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 16 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO3000084732**

1. Corporation Name

TODINCA'S CORPORATION

2. Principal Office Address

406 NW 68th AVE

Suite, Apt. #, etc.

514

City & State

PLANTATION

Zip

33317

Country

FLORIDA

3. Mailing Office Address

406 NW 68th AVE

Suite, Apt. #, etc.

514

City & State

PLANTATION

Zip

33317

Country

FLORIDA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 1. 03

5. FEI Number

86-1076928

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

VALERIA TODINCA

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

406 NW 68th AVE

Suite, Apt. #, Etc.

514

City

PLANTATION

State

FL

Zip Code

33317

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]

Date

11. 15. 04

REGISTERED AGENT MUST SIGN

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
PRES.	VALERIA TODINCA	406 NW 68th AVE # 514	PLANTATION, FL. 33317
			200043046532 12/20/04--01072--011 **600.00
			200043046532 11/25/04--01066--006 **150.00
			200043046532 12/20/04--01072--011 **600.00

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)(f), 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

11/14/04

Daytime Phone #

954-295-2887

954-295-2887

CR2E081 (01/04)

March 10, 2005

TO: Florida Department of State,
I Valeria TODINCA the president of
"TODINCA'S CORPORATION" did not
receive the 2004 annual report
notices. Please, refund the \$600
reinstatement fee to me.

Thank you very much
Valeria Todinca

In attn. of: Sean Toner