

10f2

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

06 JUL 27 11:33

FILED
JUL 27 2006
HDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000103317

1. Corporation Name
Toska Corp.

2. Principal Office Address 289 Sawgrass Ct. Suite, Apt. #, etc.		3. Mailing Office Address *same*	
City & State Naples, FL		City & State	
Zip 34110	Country Coulter	Zip	Country

REINSTATEMENT 4-06

4. Date Incorporated or Qualified To Do Business in Florida 9/19/03

5. FEI Number 06-1709447

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Gezim Toska

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

Suite, Apt. #, Etc.

City
Naples

State
FL

Zip Code
34110

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 6/19/06

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
President	Gezim Toska	289 Sawgrass Ct. Naples	Naples, FL 34110
Vice President	Gjergji Toska	293 Sawgrass Ct.	Naples, FL 34110

200078224122
09/01/06--01039--017 **450.00

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 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] 6/26/06 239-289-4235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2 of 2

Gezim & Gjergi Toska
289 Sawgrass Ct
Naples, FL 34110

June 26, 2006

To: Secretary of State

Re: Toska Corp Ein # 06-1709447

Please note I did not receive any documentation in 2004, 2005 & 2006 by mail. Do not charge a penalty fee.

Please call me with any questions at 239-595-5915.

Thank you,

Gezim and Gjergi Toska