"PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FL REINSTATEMENT	ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED JUL -3 AM 12: 35 Chetany of State
DOCUMENT # P. 040000 60244 1. Corporation Name TOS TOUSTMENT CORP		TĂLI	LAHASSEE FLORIDA
TCS IN VESTMENT CORP 16211 NE 18th Aunice Ste 100 N. MIAM, Buch H 33/62 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		500132206575 07/03/0801008002 **605.00	
15431 SW 1594 Street	Mailing Office Address 3 350 SW 117 th Auenul ite, Apt. #, etc.	4. Date Incorpo	CR2E081 (12/07) COO
City & State Ci Wigni PC Zip Country Zi	, , , , , , , , , , , , , , , , , , , ,	5. FEI Number 06/725	Applied For Not Applicable
7. Name and Address of Cui	3330 WSA.		F STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name Mariuse Ovlard Street Address (P.O. Box Number is Not Acceptable) 3350 Sw 117 ⁴² Arunul Suite, Apt. #, Etc. City Davis Fc 33380 FL 2ip Code FL 233330		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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. Signa*ure of Registered Agent			
9. Names and Street Addresses of Each Officer and/or			
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip
D Rene Bonaventure	15431 SW 159+n	treeT	Mism. Ft 33187
REINSTATEMENT WOOS			L. SELLERS JUL - 7 2008
			EXAMINER
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayline Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Defe Destine Phone #			