

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 OCT 17 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04 000 161 275

1. Corporation Name

Chouchou Toys Corp

2. Principal Office Address - No P.O. Box #

11100 E. COLONIAL DR.

3. Mailing Office Address

13332 Rosemeade Cove

Suite, Apt. #, etc.

#79

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32817

Country

USA

Zip

32828

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

371498400

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

MONGI JEMNI

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

13332 Rosemeade Cove

Suite, Apt. #, Etc.

City ORLANDO

State

FL

Zip Code

32828

☒ 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.

Signature of
Registered Agent

[Signature]

Date

10/10/07

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
P	MONGI JEMNI	13332 Rosemeade Cove	ORLANDO FL 32828

500110873975

10/17/07--01011--008 **308.75

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

MONGI JEMNI

Date

10/10/07

Daytime Phone #

407-4974269

10/18/07