

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000087471

1. Entity Name  
TONER MANAGEMENT SYSEMS, INC.



Principal Place of Business  
3855 N.W. DEER OAK DRIVE  
JENSEN BEACH, FL 34957

Mailing Address  
P.O. BOX 1670  
JENSEN BEACH, FL 34958

FILED

08 NOV -5 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 08

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4. Suite, Apt. #, etc.

5. Suite, Apt. #, etc.

6. State

7. City & State

4. FEI Number  
20-5147902

Applied For  
Not Applicable

8. Country

9. Zip

10. Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGNANI, STEPHEN J  
3855 N.W. DEER OAK DRIVE  
JENSEN BEACH, FL 34957

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

9. Signature of Agent

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1. Name  
P  
MAGNANI, STEPHEN J  
2. Street Address  
P.O. BOX 1670  
3. City, State, Zip  
JENSEN BEACH, FL 34958

4. Title  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5. Change ☐ Addition ☐  
900137666489  
11/05/08--01020--014 \*\*\$158.75

1. Name  
ST  
MAGNANI, DONNA J  
2. Street Address  
P.O. BOX 1670  
3. City, State, Zip  
JENSEN BEACH, FL 34958

4. Title  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5. Change ☐ Addition ☐

1. Name  
[Blank]  
2. Street Address  
[Blank]  
3. City, State, Zip  
[Blank]

4. Title  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5. Change ☐ Addition ☐

1. Name  
[Blank]  
2. Street Address  
[Blank]  
3. City, State, Zip  
[Blank]

4. Title  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5. Change ☐ Addition ☐

1. Name  
[Blank]  
2. Street Address  
[Blank]  
3. City, State, Zip  
[Blank]

4. Title  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5. Change ☐ Addition ☐

1. Name  
[Blank]  
2. Street Address  
[Blank]  
3. City, State, Zip  
[Blank]

4. Title  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5. Change ☐ Addition ☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report or on an attachment with an address, with all other like empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Magnani

11-1-08

213-7706

Daytime Phone #

cc 11/6