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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

08 SEP 22 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000117872

1. Corporation Name

TOMCO Repair, Inc.

REINSTATEMENT 07-08

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
9648 RICHMOND CIRCLE		9648 RICHMOND CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
BOCA RATON FL		BOCA RATON FL	
Zip	Country	Zip	Country
33434	USA	33434	USA

CR2E081 (12/07)

4. Date incorporated or Qualified To Do Business in Florida		09/12/2006
5. FEI Number	<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name CORPORATE CREATIONS NETWORK INC.	
Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E	
Suite, Apt. #, Etc.	
City	State Zip Code
PALM BEACH GARDENS	FL 33410

☒ 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 Valerie Hawk **Valerie Hawk, Special Secretary** Date 9/22/08  
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
D	TOM CACHO	9648 RICHMOND CIRCLE	BOCA RATON FL 33434

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: Valerie Hawk TOM CACHO, By V.Hawk as atty-in-fact 9/22/08 561-694-8107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CC 9/22

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850)617-6384

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**CORPORATION REINSTATEMENT**

**TOMCO REPAIR, INC.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	<del>\$900.00</del>

\$ 300. Reinstatement  
fee waived -

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