

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 172

APPROVED
AND
FILED

04 NOV 17 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000060328

1. Corporation Name

TOROTORO RAINBOW TOWN, INC.

2. Principal Office Address

102 NW 62nd Street

3. Mailing Office Address

102 NW 62nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33150

Country

USA

Zip

33150

Country

USA

Home

TH

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/27/93

5. FEI Number

65-0467194

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

FORONDA, HUMBERTO

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

102 N.W 62nd Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33150

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]

REGISTERED AGENT MUST SIGN

Date November 15, 2004

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
PS	FORONDA, HUMBERTO	102 N.W 62nd Street	Miami FL 33150

300042906873
11/19/04--01057--019 **300.00

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 under section 119.07(3)(l), 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]

November 15, 2004

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

19 2 72

November 15, 2004

Uniform Business Report
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

DOC. # P93000060328


Re: TOROTORO RAINBOW TOWN, INC.
NEW ADDRESS: 102 NW 62ND ~~AVE~~ street
MIAMI FL 33150

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2003 and 2004
According to your letter we never received an annual report for our corporation. We are
sending a filled out blank report to your department because we never received the
original report. Please accept our apologies and accept this \$300.00 filing fee. We never
meant to send the report late, if we would have received the report, we would have sent it
on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,


PRESIDENT
Humberto Foronda
(305) 757-0670

P.S. You can contact me
at the above numbers
or at (954) 929-8546