

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **994000000239**

1. Corporation Name
TO & FRO Corporation

Principal Place of Business Mailing Address
**22861 Chelsea Wood Ct
 Boca Raton, FL
 33433**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
22861 Chelsea Wood Ct
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
22861 Chelsea Wood Ct
 Suite, Apt. #, etc.

City & State
Boca Raton - FL

City & State
Boca Raton - FL

Zip **33433** Country **USA**

Zip **33433** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida
1/03/94

5. FEI Number
65-0456754

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	Gloria Rutledge	22861 Chelsea Wood Ct	Boca Raton - FL 33433
VICE-PRES	Gloria Rutledge	22861 Chelsea Wood Ct	Boca Raton - FL 33433
TREAS			
SECRET			

308882853413-6
-04/27/99--01060--018
******865.00 ****865.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **Juliana Aguilino Franca**
 Street Address (P.O. Box Number is Not Acceptable)
3961 N Federal Hwy
 Suite, Apt. #, Etc.
 City **Pompano Beach** State **FL** Zip Code **33064**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Juliana Aguilino Franca**
 REGISTERED AGENT MUST SIGN

Date **04/14/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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)(i), 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: **Gloria Rutledge**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 (S61)
 Date Daytime Phone **470-5626**

CR2E081 (12/98)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
C/O REINSTATEMENT DEPT
PO BOX 6327
TALLAHASSEE, FL 32314

REF: P94000000239
TO & FRO CORPORATION

TO THE REINSTATEMENT DEPT:

This letter is to request a waiver of the penalty charges that incurred in my corporation. The reason for this request is that I did not receive the 1995 Annual report statement form. During that time I had gotten in an accident and was disabled.

I am enclosing a check for \$865.00 to cover for the reinstatement, also proof of my accident and medical records.

I thank you in anticipation and may God Bless You! Sincerely,

Gloria Rutledge

Gloria Rutledge