

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 29 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****300.00 ****300.00

DOCUMENT # P94000016168

1. Corporation Name

TODDLER RIDER, INC.

2. Principal Office Address

24500 SW 197 Ave

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

Zip

33031

Country

DADE, USA

3. Mailing Office Address

P.O. BOX 924087

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

Zip

33092-4087-

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/94

5. FEI Number

65-0474094

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

LONDONO, MICHELE

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

8745 SW 144 St

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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 11/18/02

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
DPST	LONDONO, MICHELE	24500 SW 197 Ave	HOMESTEAD, FL 33031
V	LONDONO, CARLOS	24500 SW 197 Ave	HOMESTEAD, FL 33031

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)(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/02 (305) 242-1444

Date Daytime Phone #

CR2E081 (9/01)

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**TODDLER & RIDER
PASO FINOS
24500 SW 197 Avenue
HOMESTEAD, FL 33031
(305)242-1444 FAX: 242-1440
pasotack@gate.net**


1/23/02

This is to certify that I noticed this month, as I am preparing for personal tax return with my C.P.A, that my personal check # 1945 written April, 5, 01 to the State of FLA, for TODDLER & RIDER, INC. 2001 business report last year, has not cleared to this date. The mailing of both 2001 form & check had been done within the deadline and mailed to your offices. I was convinced until now that my company was still registered as a FLA corporation. I do not know what happened with the mailing within FLA.

I am sorry to be so late in balancing my 2001 personal books, but I immediately panicked & called to inquire about my corporation status, and discovered with horror that it has lapsed. I could not even enter the on-line website for update. After several immediate calls to your offices, I was given the opportunity by your reinstatement office to pay at the same time for last year's & this year's fee for the amount of 300.00. Enclosed please find the form I was sent.

My check # 5694 is enclosed, this letter is being sent certified, return receipt. I should have done that also last year, but if you look at my records since 94, I have never been late in renewing our small S-corporation and I have never recurred to certified mail.

Thank you very much for your understanding and again I apologize for the trouble. I look forward to receiving your notice of reinstatement. I will be more careful in the future.

Sincerely,

Michele Londono
President/treasurer