


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b> 2004 RENEW		 <b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P95000004190 1. Corporation Name TOMAGI, INC. ANNUAL RENEW			
2. Principal Office Address 5284 SW 69 PL.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State	
Zip 33155	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 65-0580653	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name ANTHONY R. CECCHINI			
Street Address (P.O. Box Number is Not Acceptable) 5284 SW 69 PL 400031198524 03/25/04--01046--002 **150.00			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33155
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 _____ Date _____ 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
P/D	CECCHINI ANTHONY R.	5284 SW 69 PL	MIAMI, FL. 33155
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: <u>Anthony R. CECCHINI</u> 3/22/04 305/667/7561 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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