

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 MAR 21 PM 12:32

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000035809

1. Corporation Name

**Toronto Trading Corp.**

W070000 J0559

**REINSTATEMENT**

02-07

05-13-2002 90089 041 150  
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

1116 Lavender Circle

3. Mailing Office Address

1116 Lavender Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

Zip

33327

Country

USA

Zip

33327

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/8/1995

5. FEI Number

65-0585979

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  
**Paul Salver, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**2721 Executive Park Dr.**

Suite, Apt. #, Etc.

**Suite 3**

City  
**Weston**

State  
**FL**

Zip Code  
**33331**

☒ 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

*Paul Salver*

Date 2/26/07

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PD     | Luigi Trevale                        | 1116 Lavender Circle                              | Weston, FL 33327   |
| VP     | Carmen Trevale                       | 1116 Lavender Circle                              | Weston, FL 33327   |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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04/09/07--01053--003 \*\*900.00

**REINSTATEMENT**

02-07

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-26-07. 954-659-2240

Date

Daytime Phone #