

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JUN 18 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P-95000055108

1. Corporation Name

TOMIAMI, CORP.

Principal Place of Business

Mailing Address

770 NE 69th Street  
Apt. 8-E  
Miami, Fl. 33138

770 NE 69th Street  
Apt. 8-E  
Miami, Fl. 33138

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

2. New Principal Office Address, If Applicable

770 NE 69th Street

3. New Mailing Office Address, If Applicable

770 NE 69th Street

Suite, Apt. #, etc.

Apt. 8-E

Suite, Apt. #, etc.

Apt. 8-E

City & State

Miami, Fl.

City & State

Miami, Fl.

Zip

33138

Country

US

Zip

33138

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0612654

Applied For

Not Applicable

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
D-P	CONCEPCION, TOMAS	770 NE 69th Street	Miami, Fl. 33138
			300004447343--4 -06/27/01--01041--004 ***1200.00 ***1200.00
			REINSTATEMENT 98-01 78

8. Name and Address of Current Registered Agent

CONCEPCION, TOMAS

770 NE 69th Street / Apt. 8-E

Miami, Florida 33138

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 6/14/01

11. This corporation owes or has paid 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
President

6/15/01 (305)759-0721

Date

Daytime Phone #