

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC -2 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000058954**

1. Corporation Name

TOY SMART, INC.

Principal Place of Business

8201 S. TAMiami TR. #55
134 SOUTHGATE PLAZA-3501 G-TAMiami TRAIL
SARASOTA FL 34238

Mailing Address

← SAME AS
134 SOUTHGATE PLAZA-3501 G-TAMiami TRAIL
SARASOTA FL 34238

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

2. New Principal Office Address, If Applicable

8201 S. TAMiami TR.

Suite, Apt. #, etc.

#55

City & State

SARASOTA, FL

Zip

34238

Country

USA

3. New Mailing Office Address, If Applicable

← SAME AS

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1995

5. FEI Number

59-3325761

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	MECKLER, GARY J	134 SOUTHGATE PLAZA-3501 G-TAM 8201 S. TAMiami TR. #55	SARASOTA FL 34238
D	MECKLER, GARY J	134 SOUTHGATE PLAZA-3501 G-TAM 8201 S. TAMiami TR. #55	SARASOTA FL 34238

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-12/04/96--01120--008

*****375.00 ***375.00**

DB12-2-96

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

GARY J. MECKLER

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

8201 S. TAMiami TR.

Suite, Apt. #, Etc.

#55

City

SARASOTA

State

FL

Zip Code

34238

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

REQUIRED
REGISTERED AGENT MUST SIGN

Date

9/26/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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:

S. Gary J. Meckler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/96

941-924-8697

Date

Daytime Phone #