PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVED APPROVED								
}	FOR FOR	FLORIDA	A DEPARTMEN Sandra B. Mor Secretary of S	tham	APPROVED AND FILED			
REINSTATEMENT DIVISION OF CORPORATIONS					99 JAN 15 PM 2:13			
DOCUMENT # P95000062687  1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
TOSCA, INC.					TALLAHASSEE, FLORIDA			
Principal Place of Business Malling Address					;			
1373 HYDE PARK DRIVE 1373 HYDE WINTER PARK FL 32792 WINTER PA			ARK DRIVE ( FL 32792					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REINSTATEMENT OB-GO			
			ng Office Address, If		Date Incorporated or Qualified     To Do Business in Florida     08/14/1995			†
			Suite, Apt. #, etc.			<del></del>	Applied For	}
City & State City					6.	59-3368192 Not Applicable  6. \$8.75 Additional Fee required		
Zip	Country	Zip				OF STATUS DESIRED [	or a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers  Street Address of Each  Street Address of Each								
Title(s)	and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
PD	HEACOCK, PAULA		3413 HIDDEN RIVER VIEW LANE		ANNAPOLIS MD 21403			
STD	HEACOCK, GREGORY	3413 HIDDEN RIVER VIEW LANE			ANNAPOLIS MD 21403			
VD	WORDEN, ERIC W		1373 HYDE PARK DRIVE			WINTER PARK FL 32792		
<b>,</b>	,							
			v. <b>1</b> .1		000027509016			
					****300.00	******	,	
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
BRICKLEY, JAMES M				EARC W WORDEN Street Address (P.O. Box Number is Not Acceptable)				CRZE040 (9/9
4901 34TH STREET SOUTH ST. PETERSBURG FL 33711				1373 Hyde Park Drive Suite, Apt. #. Etc.				CRZE
City					Park	State	Zip Code 32.7 9.2	1
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obli						on 607.0505, F.S.	62 6	ļ
Signature of Registered	Agent V CIPON = OV 1	SISTERED AG	ENT MUST SIGN	11R/of	10,190	Poate Eric H	1. Worden	_
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes 🗵 No 🗌 (See offer infangible 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 filling 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: FURE NO FOR SIGNATURED 10 for 1999								
J. J. (177)	SIGNATURE AND TYPED OR PRIN	TED NAME OF	SIGNING OFFICER OR	DIRECTOR		Date Da	ytime Phone #	j