


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 18 AM 11:10

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 9600004376
1. Corporation Name
T&O Investments Inc

2. Principal Office Address 3320 NE 165th ST Suite, Apt. #, etc.		3. Mailing Office Address 3320 NE 165th ST Suite, Apt. #, etc.	
City & State North Miami FL		City & State North Miami FL	
Zip 33160	Country	Zip 33160	Country

REINSTATEMENT 00-03
MRS.

4. Date Incorporated or Qualified To Do Business in Florida	05/21/96
5. FEI Number	65 0679068
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

Name: Ramim Ofer
Street Address (P.O. Box Number is Not Acceptable): 110 E Commercial Blvd.
Suite, Apt. #, Etc.:
City: Landerdale By The Sea
State: FL Zip Code: 33308

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, P.S.

Signature of Registered Agent: *[Signature]* Date: 7/18/03
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ZUR TALI EVEN	3320 NE 165th ST	North Miami FL 33160

1000021745131
07/22/03 01245 015 ***1200.0

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, P.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, P.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)(D), P.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]* Date: 7/18/03 Daytime Phone #: 954-868-1789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR