

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA



99-00AR  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P96000046869

1. Corporation Name

TOE JAM INC

2. Principal Office Address

8000 BISCAYNE BLVD

Suite, Apt. #, etc.

2ND FL. 201

City & State

MIAMI FLORIDA

Zip

33138

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

—

Country

—

4. Date Incorporated or Qualified  
To Do Business in Florida

5-30-96

5. FEI Number

650723093

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875. Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Julie W. Allison esq., law offices of Steven M. Ziegler

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

4000 Hollywood Blvd. Suite 375 South

Suite, Apt. #, Etc.

Hollywood, Fla

City

State

FL

Zip Code

33021

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

Julie W. Allison esq.  
REGISTERED AGENT MUST SIGN

Date 3/2/2000

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	JUDY ALLISON	8000 BISCAYNE BLVD 201	MIAMI FLA 33138

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 amounts 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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Judy Allison  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 28 2000  
Date

305 798 4070  
Daytime Phone #

CP2E081 (9/99)

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# Toe Jam, Inc.

2/28/2000

Florida Dept. of State  
Att. Miss Leslie  
Division of Corporation  
PO Box 1500  
Tallahassee Fl 32302-1500

Please find enclosed a copy of my request for a reinstatement form 203. We must apologize for not filing the annual report. But this past years we moved our business to a large office building and our address on file did not have a suite# on it. Therefore we did not receive any forms from your office. Please also find a check of \$300 that should bring us current as per our conversation of 2/3/2000 Miss. Leslie.

Sincerely,



Judd Allison

**8000 Biscayne Blvd. Miami fl 33138  
Tel: 305-756.8613 Fax: 305.759.9945**