

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -9 PM 12:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT #

1. Corporation Name

Tocco Photography Inc.
P97000080136

200143179682
02/09/09--01047--026 **1350.00

REINSTATEMENT **01-09**

CR2E081 (12/08)

OC 2/12

2. Principal Office Address - No P.O. Box #

2115 Hollywood Blvd
Suite, Apt. #, etc.
3

3. Mailing Office Address

2115 Hollywood Blvd
Suite, Apt. #, etc.
3

City & State

Hollywood, FL
Zip
33020 **Country**
US

City & State

Hollywood, FL
Zip
33020 **Country**
US

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-15-1997

5. FEI Number

650790749

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

CHARLES TOCCO

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

3331 FOREST DR

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

Charles Tocco

Date

2-3-09

REGISTERED AGENT MUST SIGN

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
P	CHARLES TOCCO	3331 FOREST DR	Hollywood FL 33021

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 fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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:

Charles Tocco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-3-09

Daytime Phone #

954.920.1739