

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 AUG 24 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000095357**

1. Corporation Name

TOC FLORIDA, INC

W00000020342

100003389691--0

--03/12/00--01041--005

***1058.75 ***1058.75

2. Principal Office Address

100 Miracle Mile

Suite, Apt. #, etc.

Suite 300

City & State

Coral Gables, Florida

Zip

Country

33134

USA

3. Mailing Office Address

133 Carnegie Way

Suite, Apt. #, etc.

Suite 600

City & State

Atlanta, Georgia

Zip

Country

30303

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/97

5. FEI Number

650794344

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

Mr. Leon A. Valentine

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

6251 S.W. 63rd Avenue

Suite, Apt. #, Etc.

City

South Miami

State
FL

Zip Code
33143

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

Leon A. Valentine

Date

8/22/00

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
D	Leon A. Valentine	6251 S.W. 63rd Avenue	South Miami, Florida
D	Gary Thacker	133 Carnegie Way, Suite 600	Atlanta, Georgia
D	Deulysse L. Felder	701 Brickell Avenue, Suite 1900	Miami, Florida 33131

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 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:

Leon A. Valentine - Leon A. Valentine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/22/00 (404) 525-1370

Daytime Phone #