

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 28, 2002 8:00
Secretary of State

DOCUMENT #

1. Corporation Name

TOBY'S PLANTATION, INC.

197000106016

2. Principal Office Address

3550 NE HIGHWAY 70

Suite, Apt. #, etc.

City & State

ARCADIA, FL

Zip

32466

Country

3. Mailing Office Address

3550 NE HIGHWAY 70

Suite, Apt. #, etc.

City & State

ARCADIA, FL

Zip

32466

Country

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

1/1/1998

5. FEI Number

59-3483951

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100005754621--9
-06/11/02--01115--007
****450.00 ****450.00

7. Name and Address of Current Registered Agent

Name

WILLIAM T. PINEL

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

2528 NE HIGHWAY 70

Suite, Apt. #, Etc.

City

ARCADIA,

State
FL

Zip Code

32466

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

William T. Pinel

REGISTERED AGENT MUST SIGN

Date

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	WILLIAM T. PINEL	2528 NE HIGHWAY 70	ARCADIA, FL 34266
TREAS	SANDY MICHELLE PINEL	2528 NE HIGHWAY 70	ARCADIA, FL 34266
CLERK	SANDY MICHELLE PINEL	2528 NE HIGHWAY 70	ARCADIA, FL 34266
DIR	WILLIAM T. PINEL	2528 NE HIGHWAY 70	ARCADIA, FL 34266
DIR	SANDY MICHELLE PINEL	2528 NE HIGHWAY 70	ARCADIA, FL 34266

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:

Sandy Michelle Pinel, Treasurer
5-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-494-1744

CR2E081 (9/01)