

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 DEC 13 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000004591**

1. Corporation Name

TOBY DESIGNS-INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**2887 22ND AVENUE NORTH STE. E
ST. PETERSBURG FL 33713**

**5401 CENTRAL AVENUE
SAINT PETERSBURG FL 33710**



400009198584

01/15/1998

1326 Monterey Blvd NE St. Petersburg, FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3492498

Applied For

Not Applicable

City & State

City & State

St. Petersburg, FL

Zip

Country

Zip

Country

33704

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FARIS, SUSAN	2887 22ND AVE. N- 1326 Monterey Blvd. NE	ST. PETERSBURG FL 38713- 33704

REINSTATEMENT

02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MCATEE, CAROL CPA
5401 CENTRAL AVENUE
SAINT-PETERSBURG FL-33710**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

12/11/02

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-321-2787

11-01-2002

CR2040 (8/02)