

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 FEB -5 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000034001

1. Corporation Name

TOBA CORPORATION

Principal Place of Business

Mailing Address

8209 N PINE ISLAND SUITE 37
TAMARAC FL 33321

8209 N PINE ISLAND SUITE 37
TAMARAC FL 33321



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

REINSTATEMENT

00-01

2. New Principal Office Address, If Applicable

8209 NW 88th AVE

Suite, Apt. #, etc.

37

City & State

TAMARAC

Zip

33321

Country

United States

3. New Mailing Office Address, If Applicable

8209 NW 88th AVE

Suite, Apt. #, etc.

37

City & State

TAMARAC

Zip

33321

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/1998

5. FEI Number

65-0829289

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HAMILTON, YVONNE	8209 N PINE ISLAND SUITE 37	TAMARAC FL 33321
C	Cecil Roy Riley	712 NW 111 PLACE APT 4	MIAMI FL 33172
V	Errol Russell	7637 Alhambra Blvd	Miramar FL 33023
D	Yvette White	8209 NW 88th AVE #37	TAMARAC FL 33321
P	Hamilton, Yvonne	8209 NW 88th AVE #37	TAMARAC FL 33321

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-02/21/01--01025--005

8. Name and Address of Current Registered Agent

HAMILTON, YVONNE
8209 N PINE ISLAND SUITE 37
TAMARAC FL 33321

9. Name and Address of New Registered Agent ***900.00

Name

~~SAME~~

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

8209 NW 88th AVE

Suite, Apt. #, Etc.

37

City

TAMARAC

State

FL

Zip Code

33321

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.

Signature of
Registered Agent

Yvonne Hamilton REQUIRED

REGISTERED AGENT MUST SIGN

Date 2/16/01

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:

Yvonne Hamilton REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01

Date

954 288 8622

Daytime Phone #

CR2E040 (8/00)