

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 10 PM 3:41

DOCUMENT # P98000079827

1. Corporation Name

Toledo Holdings, Inc.

2. Principal Office Address

8211 W Broward Blvd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

440

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Zip

Country

33324

Broward

Zip

Country

500004547505--5

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****900.00 ****900.00

REINSTATEMENT 00-01

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

9/10/98

5. FEI Number

65-1092914

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

Frank Gutta

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

8211 W Broward Blvd., 410

Suite, Apt. #, Etc.

410

City

Plantation

State

FL

Zip Code

33324

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**

[Signature]

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	John Blanke	8211 W Broward Blvd 410	Plantation, FL 33324
VP/Treas	Brandon Samuels	9211 W Broward Blvd., 410	Plantation, FL 33324

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/01

Date

954-452-8810

Daytime Phone #