

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #799000006089**

1. Corporation Name

*Tuscan Today*

2. Principal Office Address

*1611 N Federal Highway*

Suite, Apt. #, etc.

City & State

*Ft Lauderdale FL*

Zip

*33305*

Country

3. Mailing Office Address

*SPM*

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

*45-0888740*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED  
01 OCT 24 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*2001 JPM*

**7. Name and Address of Current Registered Agent**

Name

*Daniel Christensen*

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

*2429 E Las Olas Blvd*

Suite, Apt. #, Etc.

City

*Ft Lauderdale*

State

*FL*

Zip Code

*33301*

*300004687753-3*

*-11/19/01--01073-016*

*\*\*\*\*250.00 \*\*\*\*50.00*

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]*

Date

*10/22/01*

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
<i>President</i>	<i>Daniel Christensen</i>	<i>2429 E Las Olas Blvd FL</i>	<i>Ft Lauderdale FL 33301</i>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/22/01*  
Date

*954.467.8009*  
Daytime Phone #

CR2E001 (8/00)