


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -6 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000007706 1. Corporation Name T.G.F. Toucan Gourmet Facilities, Inc.			
2. Principal Office Address 1140 Lee Blvd.		3. Mailing Office Address 1140 Lee Blvd.	
Suite, Apt. #, etc. 103		Suite, Apt. #, etc. 103	
City & State Lehigh Acres, Florida		City & State Lehigh Acres, Florida	
Zip 33936	Country USA	Zip 33936	Country USA

200018307182
05/06/03--01106--030 **300.00

4. Date Incorporated or Qualified To Do Business in Florida 01/21/99	
5. FEI Number 65-0898197	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Schatz, ME		
Street Address (P.O. Box Number is Not Acceptable) 1140 Lee Blvd.		
Suite, Apt. #, Etc.		
City Lehigh Acres	State FL	Zip Code 33936

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 _____ Date _____

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
PSTD	Holger Buenning	1140 Lee Blvd.	Lehigh Acres, Fl, 33936

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

Handwritten signature/initials

T.G.F. Toucan Gourmet Facilities, Inc.
1140 Lee Blvd. Ste. 103
Lehigh Acres, Fl. 33936
Tel: 239-369-2500

April 29, 2003

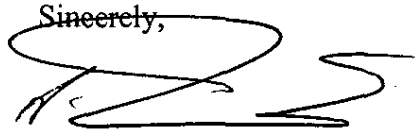
Department of State
Division of Corporations
P O Box 6327
Tallahassee, Fl. 32314

Re: 2002 & 2003 UBR Report

Dear Sir:

It has come to our attention that we have not filed our 2002 UBR Report. Since our incorporation on 01/21/99 we have filed our reports timely. We did not receive the 2002 report; therefore we did not pay the required fee. We have instructed our staff as to the importance of paying this fee whether we receive the form or not. Enclosed you will find a check in the amount of \$ 300.00. This is to pay for the 2002 and 2003 UBR report. Please accept this as a reasonable cause to reinstate our corporation. We will ensure that we comply from this point forward. Thank you for your time and consideration.

Sincerely,



Holger Buenning
President