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APPROVED AND FILED

03 AUG 21 PM 6:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000057070

1. Corporation Name

TOLUS TRADING COMPANY

REINSTATEMENT 02-03

2. Principal Office Address		3. Mailing Office Address	
7105 NW 50 ST		7105 NW 50 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33166	Country: US	Zip: 33166	Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 06/23/1999

5. FEI Number: 650931765 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: COMPLETE CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable): 7730 SW 68 TR

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33143

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: 8/15/03

REGISTERED AGENT MUST SIGN

CR2E031 (10/01)

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
P,D	POTENZONI, EMILIANO	7105 NW 50 ST	MIAMI, FL 33166

10. I certify that I am an officer or director of the corporation 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] EMILIANO POTENZONI 8/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

TOLUS TRADING COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00