

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 23 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000111827

**1. Corporation Name**

TOLMAN ART.COM, INC.

C/O JOSEPH PATERNOSTRO ACCOUNTING, INC.

**2. Principal Office Address**

901 N.E. 125TH STREET

Suite, Apt. #, etc.

101

City & State

NORTH MIAMI, FL

Zip

33161

Country

USA

**3. Mailing Office Address**

901 NE 125TH STREET

Suite, Apt. #, etc.

101

City & State

NORTH MIAMI, FL

Zip

33161

Country

USA

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

01/01/00

**5. FEI Number**

65-0971336

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

JOSEPH PATERNOSTRO

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

901 N.E. 125TH STREET, SUITE 101

Suite, Apt. #, Etc.

101

City

NORTH MIAMI

State

FL

Zip Code

33161

800035785338

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**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 04/15/04

**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	BRUCE TOLMAN	901 N.E. 125th, Street, SUITE 101	NORTH MIAMI, FL 33161

**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

04/15/04 (305) 893-7355

Date

Daytime Phone #

CR2E031 (10/02)