

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 JUN 30 PM 2:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000023066

1. Corporation Name

Tallahassee Tactical LLC

300076771383
07/03/06--01001--003 **250.00

2. Principal Office Address

1916 East Windward Way
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee Florida

City & State

Zip 32311 Country USA

Zip

Country

Zip

Country

CR2E081 (12/05)

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

9/5/02

5. FEI Number

N/A

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

Allen Morham Jr

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

1916 East Windward Way

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

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

6/30/06

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
MGRM	Allen Morham Jr	1916 East Windward	Tallahassee FL 32311
MGRM	Allen Morham Sr	6675 Weeping Willow Way	Tallahassee FL 32311

REINSTATEMENT 04-06

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 contained in Chapter 119, 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

6/30/06

Date


(850) 566-3760

Daytime Phone #

To Whom It May Concern:

6/30/06

I do not recall getting a notification of
"Annual Report" for Talkhasser Tactical LLC
for year 2004

Thank you,


Registered Agent