

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
02 OCT 11 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000096250

1. Corporation Name

TALINA ENTERPRISES, INC.

2. Principal Office Address

30 Grand Bay Estates <sup>Circle</sup>

Suite, Apt. #, etc.

City & State

Key Biscayne, Florida

Zip

33149

Country

USA

3. Mailing Office Address

782 NW LeJeune Road

Suite, Apt. #, etc.

548

City & State

Miami, Florida

Zip

33126

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

11/16/1998

5. FEI Number

65-0878251

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

44-02 *mm*

7. Name and Address of Current Registered Agent

Name

JOSE M. MARQUEZ

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

782 NW LeJeune Road,

Suite, Apt. #, Etc.

Suite 548

City

Miami

State

FL

Zip Code

33126

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

*Jose M. Marquez*

Jose M. Marquez, Esq.

Date October 10, 2002

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
DPS	PAZ, Luz Marina	30 Grand Bay Estates Circle	Key Biscayne, FL 33149

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:

*Luz Marina PAZ*

Luz Marina PAZ

10/10/02 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)