PLEAS	SE READ A	ALL INSTRUCT	IONS BEFORE	COMPLET	ING THIS	S FORM.		
CORPORATION REINSTATEMENT		Secretar	TMENT OF STATE y of State orporations	l	FILE AUG 21	BH 3: 12		
DOCOIVILINI #			393766		ECRETAR LI AHASS	Y OF STATE SEE. FLORIDA		
TALLY-HO TAILORS INC.								
5391 N.W 36th St.					000022529970 08/25/0301007007 **1200.00			
MIAMI, SPRINGS, FL 33166					inga gyaga	a de des des de das		
2. Principal Office Address 391 N·W 3	3. Mailing Office Address 5391 N. U	Office Address 36th St. 11111			MENT 4	90-03		
Suite, Apt. #, etc. Suite, Apt. i		Suite, Apt. #, etc.	4. Date Inco		oorated or Qual	ified /		
City State		City & State			Business in Florida 0//05/1972 mber Applied For			
Zip Country	195	MAMY S	Country	59-	1400.	387	Not Applicable	
3314 U	SVI	3316b	ush	CERTIFICATE	OF STATUS DE		onal Fee required icate of Status	
7. Name and Address of Current Registered Agent Name								
TRWIN WILLIAMS CIA Street Address (P.O. Box Number is Not Acceptable)								
19451 SHERIOAN ST. Suite, Apt. #, Etc. 11 0 -								
City D TO TO					State Zi	<u>p</u> Code		
TEMBROKE VINES HE					FL ,	33432	<u> </u>	
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								
9. Names and Street Addresses of	Each Officer and/	or Director (Florida nonpro	fit corporations must list at k	east 3 directors)	——————————————————————————————————————			
Officers :	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
11677			900 HYAC INTH DRIVE			DELRAY BEACH, FC 33483		
ELMO BARBARA TAlley		900	HYACINTH	Drive	Dana	y BEACL, FC	334K3	
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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 logal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								
EDINARD K. TALLEY (PRESIDENT)								