PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	OL MAR 16 AM 10: 22 SECREMENT OF STATE TAIL AMASS FE FLORIDA
DOCUMENT # F01000003817 1. Corporation Name		TALLESS SECTIONS
Rufus W. Tin 2. Principal Office Address 205 Bordeaux Ct.	gle, Inc. P3. Mailing Office Address 205 Bordeaux Ct.	REINSTATEMENT 07-09
Suite; Apt. #, etc.	Suite, Apt, #, etc.	900030806879 03/19/04 01040 010 5:000.75 4. Date Incorporated or Qualified To Do Business in Florida
Madisonville, LA Zip Country	Madisonville, LA	-5. FEI Number - Applied For - Applied For - Not Applicable
70447 USA	70447 USA	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Name Kim Tingle Street Address (P.O. Box Number is Not Acceptable) 3 6 0 3 Golds by Way Suite, Apt. #, Etc. City Destin, State Zip Code FL 3 25 4 1		
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 X REGISTERED AGENT MUST SIGN		
Titles Name of Officers and/or Directors	for Director (Florida nonprofit corporations must list at lea Street Address of Each Officer and/or Director	
Pres. Rufus W. Ting	e 205 Bordeau	ct madisonville, LA7047
		<i>P</i>
	:	j
		·
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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		