

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC 11 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005648

1. Corporation Name

Talidan USA, Inc.

2. Principal Office Address

11350 McCormick Road
Suite, Apt. #, etc.

Ex. Pl. III, St. 1001

City & State

Hunt Valley, MD

Zip Country
21031 USA

3. Mailing Office Address

11350 McCormick Road
Suite, Apt. #, etc.

Ex. Pl. III, St. 1001

City & State

Hunt Valley, MD

Zip Country
21031 USA

REINSTATEMENT

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

09/02/1997

5. FEI Number

52-2054086

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

Chappelle Johnson

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

6301 NW 36th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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**

Chappelle L. Johnson

Date

12-7-00

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
Pres.	Lowell Farkas	Principal Office as above Hunt Valley, MD	LS
V.P.	Chappelle Johnson	6301 NW 36th Street	Miami, FL 33166
Dir.	Lowell Farkas	Principal Office as above Hunt Valley, MD	
Dir.	E. David Gable	Principal Office as above Hunt Valley, MD	

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:

Lowell Farkas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

410-785-7400