

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR 26 PM 4:59

DOCUMENT #

H 35387

1. Corporation Name

TAXIUM ENTERPRISES, INC.

200121355522  
03/26/08--01037--022 \*\*750.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

5 Windermere Way

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

Oviedo FL

City & State

Zip

32765

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12-26-84

5. FEI Number

59-2472957

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

Rick Callinan

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

1061 NW 104 AVE

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33322

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Rick Callinan

Date

3/22/08

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|-----------|--------------------------------------|---|-------------------------|
| Pres.     | Rick Callinan                        | 1061 NW 104 AVE                                   | Plantation, FL 33322    |
| VP<br>Sec | DAN Hollowell                        | 799 high Grove Parkct                             | Oviedo, FL 32765        |
| VP<br>T   | JACK Albrecht                        | 3025 44TH AVE North                               | St. Petersburg FL 33714 |
|           |                                      |   |                         |
|           |                                      |   |                         |
|           |                                      |   |                         |

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:

Rick Callinan

Rick Callinan

3/22/08

954-629-1254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #