## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	K Se	DEPARTMENT OF STA atherine Harris ecretary of State ION OF CORPORATIONS		FILED NUG31 AM 9:39		
DOCUMENT # H3129	2		:TALL	REIANY OF STATE AHASSES FLORIDA		
TANIEN BAUM	CONSTRUCT	MON, INC.			•	
2. Principal Office Address	3 14 15 000		<b></b>			
2154 DORSON WAY		3. Mailing Office Address . Same			-	
Suite, Apt. #, etc.	<del></del>	Suite, Apt. #, etc.		REINSTAILMENT OO		
-	Galla, 7 (pt. 11)		4. Date Incorpo	orated or Qualified		
City & State	City & State		To Do Busin	ess in Florida 01/09/8.	<b>-</b>	
Delpay Beach, Fl.	Sam	e .	5. FEI Number	516310	Applied For	
Delnay Beach, FL Zip Country 33345 P. Beach	Zip	Country	6.	SE STATUS DESIDED W \$8.75 Addit	Not Applicable tional Fee required tificate of Status	
	7. Na	me and Address of Current R	egistered Agent			
Suite, Apt. #, Etc.  City  De / 12 mg  8. I, being appointed the registered agent of the Registered Agent ×	DORSON	Wmy		State Zip Code FL 3 33 45	21 - 8 16-012 *1058.75	
PRef 5 cm <sup>2</sup> c ·	REGISTERED AGEN	NT MUST SIGN				
9. Names and Street Addresses of Each Office	r and/or Director (Florid		· · · · · ·		, i	
Titles Name of Officers and/or Direct	etors	Street Address of Each Officer and/or Director		City / State / Zip		
D ROBERT Tonvenboum		2154 DORSON WING		Delany Bench, Fl	33341	
				LST		
and the second of the second o						
10. I certify that I am an officer or director or the this reinstatement application, the reason for owed by the corporation have been paid and on this application is true and accurate, and TSIGNATURE:	dissolution has been el the names of individual ny signature shall have	iminated, the corporate name sa is listed on this form do not qual the same legal effect as if made	atisfies the requirements of ify for an exemption under a under oath.	section 607 0401 or 617 0401 E.S.	that all fees	