

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

00 MAR 30 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

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

DOCUMENT # **K04678**

1. Corporation Name

TALGUIN VAULT Co. Inc.

2. Principal Office Address

32342 Blue Star Hwy

3. Mailing Office Address

P.O. Box 559

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

M. Dwyer FL

City & State

M. Dwyer FL

Zip

Country

32343

USA

Zip

Country

32343

USA

REINSTATEMENT 3-00

4. Date Incorporated or Qualified
To Do Business in Florida

11-30-87

5. FEI Number

59-2857636

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Fred N. Strauss

700003195817-9

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

1694 Mc Cook Rd

-04704700--01091--024

*****1808.75 ***1808.75**

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

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

Fred N. Strauss

Date **3-30-00**

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
DP	Fred Strauss	1694 Mc Cook Rd	Quincy FL 32351
DST	Deanna Strauss	1694 Mc Cook Rd	Quincy FL 32351

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:

Fred N. Strauss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00

Date

850-574-2786

Daytime Phone #

KE

CR2E081 (9/99)