PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 03 JUN 23 AM II: 33
DOCUMENT !!		00 000 Z 3 APP 11- 33
DOCUMENT #		SECRETARY OF STATE
1. Corporation Name	•	TALLAURECEE FLOOM
420165		TALLAHASSEE, FLORIDA
		`
Island Reef, Inc.		
2. Principal Office Address	3. Mailing Office Address	1
11015	11015	100021299701 07/03/03~-01014~-023 ***908.75
1101 51MONTON ST Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/03/0301044023 **908.75
Suite, Apr. 4, atc.	Suite, Apr. W, Bro.	4. Date incorporated or Qualified
·		To Do Business in Florida
City & State	City & State	5. FEI Number Applied For
KEY WEST, FL	KEY WEST, FL	592975529 Not Applicable
Zip Country	Zip Country	
KEY WEST, FL Zip 33040 AA USA	33040 USA	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name		
STEVEN PAGE		
Street Address (P.O. Box Number is Not Acceptable)		
1101 SMONTON ST.		
Suite, Apt. #, Etc.		
City		State Zip Code
KEY WEST State Zip Code 33040		
8. I, being appointed the registered agent of the above name corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
S 1, some appointed the registered agent of the test o		
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 Date Date		
THE STATE OF THE S	SEISTERED AGENTANUST 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 Eac	h Challenger
P,T,	Onico akon digeta	KEN WEST.
S, D STEVEN PAGE	1101 SIMONTO	DN 57 12 WEST
		FC 33070
	}	
		APA .
	STATE	
}	P 100 4 10 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11049
10. I certify that I am an officer or director or the rece	iver or trustee empowered to everyte this application as	provided for in chapter 607 or 617 F.S. Liturbay codify that when files
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 and by the corporation have been equilibred to the corporation has been eliminated. The corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees are compared to the corporation has been eliminated. The corporation has been eliminated the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees are corporated by the corporation has been eliminated. The corporation has been eliminated the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees are corporated by the corporated has been eliminated. The corporated has been eliminated the corporated name as a corporated has been eliminated to section 607,0401 or 617,0401, F.S., that all fees are corporated in the corporated has been eliminated. The corporated has been eliminated the corporated name as a corporated has been eliminated to section 607,0401 or 617,0401, F.S., that all fees are corporated has been eliminated.		
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: Sten Sty PTSD No. 0504 (6/18/03 (305)293-9655		
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINNED NAME OF SIGNATURE OF DIRECTOR D		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAR OFFICER OR DIRECTOR Date Daytime Phone #		