

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 AUG 29 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L67513**

1. Corporation Name

**TALATTA INC**

2. Principal Office Address

**5740 NW 38 ST**

Suite, Apt. #, etc.

**UNIT C**

City & State

**VIRGINIA GARDENS FLORIDA**

Zip

**33166**

Country

**USA**

3. Mailing Office Address

**5740 NW 38 ST**

Suite, Apt. #, etc.

**UNIT C**

City & State

**VIRGINIA GARDENS FLA**

Zip

**33166**

Country

**USA**

**700022661077**  
08/29/03--01024--003 \*\*2461.20

4. Date Incorporated or Qualified

To Do Business in Florida

**4/20/90**

5. FEI Number

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

**HENRY B. SELVA**

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

**7650 SW 132 COURT**

Suite, Apt. #, Etc.

City

**MIAMI-DADE COUNTY**

State

**FL**

Zip Code

**33183**

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

**HENRY B SELVA** *Henry B Selva Sr*

Date

**8/25/03**

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
P	HENRY B SELVA SR	7650 SW 132 CT MIAMI DADE COUNTY	FLA 33183

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:

**HENRY B. SELVA**

**P.O. BOX 44-2121**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*Henry B Selva Sr* **8/25/03**

Daytime Phone #

**MIAMI, FL 33144-2121**