

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 22 A 11: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M50726

1. Corporation Name

TALLERES 800, CORP.

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

561 NW 29TH ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33127

Country

USA

3. Mailing Office Address

561 NW 29TH ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33127

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 04/22/1987

5. FEI Number

59-2803713

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

ORLANDO A ALMANZA

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

561 NW 29TH ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33127

☒ 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

REGISTERED AGENT MUST SIGN

Date DEC 21, 2009

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
PDS	ORLANDO A ALMANZA	561 NW 29TH ST	MIAMI, FL 33127

REINSTATEMENT

07-09
988

10. E-mail Address: clew@vccorp2007@gmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-21-2009

Date

Daytime Phone #