PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 APR 15 PM 3: 43
DOCUMENT # 1702 00000 1312		SECRETARY OF STATE TALLAHASSEE.FLORIDA
1. Corporation Name		TALL AHASSEE. FLURIUM
Call To the / Mission, Inc.		
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	1
5001 Lake Front Dr. D7		CR2E081 (12/07)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida
la la chassee,	F-L	5. FEI Number
S2303 Country Leon	^{zip} 32303 ^{country}	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address o	f Current Registered Agent	
Name Tatricea Woods-Allen		The reinstatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable)		circumstances which the entity did not receive the prior notices. By checking this box, you
SOU Rake tront Dr. D-7 Suite, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement
City State Zip Code		fee be waived.
1alalassee FL 32303		
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 Dub A Lease Date 4/15/08		
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 Officer and/or Directo	
President atricia Wards-A	lles 5001 Lake Front Tallahassee Fl	Dr. 27
Director (offy & Denson 2616 Mission Rd At 30 Tallahasse FL 32364		
Tracin Bordon Tire	y Derdreth brb	5/1)//a / / 373/3
HERRING LAND LAND	1 AND VOITE SALVE	Confidence 1 1 2 30072
' /	/	500123583755
		500123583755 04/16/0801003001 **306.25
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 contained in Chapter 119, 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: 4/15/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #		