

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000003726

FILED
May 12, 2009
Secretary of State

Entity Name: TAU ALPHA HOLDING CORPORATION

Current Principal Place of Business:

80 SW 8TH STREET, SUITE 2900
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

80 SW 8TH STREET, SUITE 2900
MIAMI, FL 33130

New Mailing Address:

FEI Number: 20-4694866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, BARRY L
80 SW 8TH STREET, SUITE 2900
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARRY L. DAVIS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLUMBERG, STUART
Address: 407 LINCOLN RD SUITE 10G
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: DAVIS, BARRY L
Address: 80 SW 8TH STREET, SUITE 2900
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: FREEDMAN, RICK
Address: 1200 BRICKELL AVE
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: GOULD, BOB
Address: 1003 NW 36TH AVE
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: PROCTOR, ALAN
Address: 9295 CHAPEL WOOD DR
City-St-Zip: ALPHARETTA, GA 30022

Title: D () Delete
Name: SINOFF, BARRY
Address: 6960 BONEVAL RD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY L. DAVIS

PRES

05/12/2009

Electronic Signature of Signing Officer or Director

Date