

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 SEP -5 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100007631011--8
-09/10/02--01037--027
****900.00 ****900.00

REINSTATEMENT 01-02

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000085872
1. Corporation Name
TALIA SHOES OF BOYNTON INC
6011 NW 63RD PLACE
PACHLAND FL 33067

2. Principal Office Address
7401 W Boynton
Suite, Apt. #, etc.
BCH BLDG STE A10
City & State
Boynton BCH
Zip 33437 Country Palm BCH

3. Mailing Office Address
6011 NW 63RD PL
Suite, Apt. #, etc.
City & State
PACHLAND FL
Zip 33067 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 9/12/02
5. FEI Number 59 2385336 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent
Name
STEVE KATZ
Street Address (P.O. Box Number is Not Acceptable)
6011 NW 63RD PL
Suite, Apt. #, Etc.
City
PACHLAND FL
State FL Zip Code 33067

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 [Signature] REGISTERED AGENT MUST SIGN Date 9/13/02

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
D	STEVE KATZ	6011 NW 63RD PL	PACHLAND FL 33067

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 9/13/02 Daytime Phone #