

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP -5 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REINSTATEMENT 01-02

DOCUMENT # P00000085872

1. Corporation Name

TALIA SHOES OF BOYNTON INC
6011 NW 63RD PLACE
PACHLAND FL 33067

2. Principal Office Address

7401 W BOYNTON

3. Mailing Office Address

6011 NW 63RD PL

Suite, Apt. #, etc.

BCH BLDG STE A10

Suite, Apt. #, etc.

City & State

BOYNTON BCH

City & State

PACHLAND FL

Zip

33437

Country

FLORIDA

Zip

33067

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

9/1/02

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

REGISTERED AGENT MUST SIGN

Date 9/3/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #