

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 3:21

DOCUMENT # 00000110329

1. Corporation Name

TAAS TRANS ATLANTIC ADVISORY SERVICES, INC.

2. Principal Office Address

2829 BIRD AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33173

Country

USA

3. Mailing Office Address

2200B DOUGLAS BLVD.,

Suite, Apt. #, etc.

100

City & State

ROSEVILLE, CALIFORNIA

Zip

95661

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/2000

5. FEI Number

65-1057997

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

DREW S. SHERIDAN

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

7765 SW. 87th AVENUE, SUITE 102

Suite, Apt. #, Etc.

SUITE 102

City

MIAMI

State

FL

Zip Code

33173

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

Drew Sheridan
REGISTERED AGENT MUST SIGN

Date

10/19/01

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
PRES.	DAVID E. HALVERSON	2200B DOUGLAS BLVD. # 100	ROSEVILLE, CA 95661
			100004679321--1
			11/14/01 01083-034
			*****750.00 *****750.00
			100004679321--1
			11/14/01 01083-035
			*****8.75 *****8.75

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:

David E. Halverson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-2001

Date

800-352-0533

Daytime Phone #