## PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM.

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DOCUMENT #-Potogoodorom SECRETAR  1. Corporation Name TALLAHASS  GLUV Corep. The state of the st								GEOFLSTA EE.FLOR - 117	TE 17/03-	024761 -01093018	820   **15	0.00
2. Principal Office Address 250 CASS by LANE Suite, Apt. #, etc.				3. Mailing Office Address 2.50 CASS DY LAWE Suite, Apt. #, etc.			ħ	4. Date Incorporated or Qualified To Do Business in Florida				
RINGGOLD, GA  Zip Country  30736 USA			PINEGOLD, GA ZID Country 30736 USA				5. FEI Number  GS - 1082133  Not 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 GARY D. LIPSON  Street Address (P.O. Box Number is Not Acceptable) 914 MATANZAS AVE.  Suite, Apt. #, Etc.  City 1.2.  Conac. GABES FL Zip Code FL 33.46  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												
9. Names Titles	P. Names and Street Addresses of Each Officer and/or Direct  Name of Officers and/or Directors				(Florida nonprofit corporations must list at lease Street Address of Each Officer and /or Director			)	City/State/Zip  R-NGGOLD, 64 30736			
Δ	JAME	S L.	Sцерне	ς.D	250	CASSIDY	LAN	(E	J ·	60LP, 6A	307	36
this rei	instatement ap	plication, the re	ason for dissoi	ution has been	eliminated,	the corporate nam	e satisfies	the requirements	of section	617, F.S. I further ce	l. F.S., that a	all fees
this reinstatement application, the reason for dissolidion 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  Date  Date  Daytime Phone #												

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November 13, 2003

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Corporate Reinstatement

To Whom It May Concern,

We would appreciate your consideration in the filing of the attached Corporation Reinstatement. We moved from Florida to Ringgold, Georgia at the beginning of this year and, for some reason, did not receive a renewal notice. If you would be so kind, please accept the enclosed check for \$150.00 for the original renewal fee.

If you have any questions or require additional information, please contact me at (800) 295-7185, ext. 1. Thank you for your consideration.

Sincerely,

Jonathan P. Hoover

President