

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

03 OCT -3 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000011446

1. Corporation Name

TALavera CORPORATION

2. Principal Office Address

3291 W SUNRISE BLVD

3. Mailing Office Address

704 SANDCREEK CIR

Suite, Apt. #, etc.

BAY # 12 SK 21

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

WESTON, FL

Zip

33311

Country

BROWARD

Zip

33327

Country

BROWARD

100034256074
01/23/03--01065--016 **750.00

REINSTATEMENT 2003

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/31/2001

5. FEI Number

65-1076764

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

FABIO MORENO

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

3291 W SUNRISE BLVD

Suite, Apt. #, Etc.

BAY # 12 SK 21

City

FORT LAUDERDALE

State

FL

Zip Code

33311

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 09/30/03

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
PD	MORENO FABIO	704 SAND CREEK CIR	WESTON, FL 33327

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

09/30/03

Date

(954) 389-4338

Daytime Phone #

CR2E081 (9/00)