

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 27 PM 12:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PO1000021953**

1. Corporation Name

S. G. TAGGART

600015873716
04/15/03--01010--025 **150.00

600015873716
04/15/03--01010--025 **150.00

600015873716
04/15/03--01010--023 **8.75

2. Principal Office Address

3200 NW 17th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

1

Zip

33142

Country

DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2001

5. FEI Number

65-1080140

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

SILVIA G TAGGART

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

3200 NW 17th AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

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

Silvia Taggart
REGISTERED AGENT MUST SIGN

Date **5/20/03**

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
P.T.S	SILVIA S TAGGART	3200 NW 17th AVE	MIAMI FLORIDA 33142
V	EDGAR A MATUTE	3200 NW 17th AVE	MIAMI FLORIDA 33142

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

04/08/03

Date

305-638-0025

Daytime Phone #

CR2E081 (10/02)