PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT -2 AM 8:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000093264

1. Corporation Name
TAURIELLO + Company Relocation Services, Inc.

000023868110
10/17/03--01005--025 **750.00

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
900 E. ATLANTIC AVE.	900 E. ATLANTIC AVE.
Suite, Apt. #, etc. Suite 2	Suite, Apt. #, etc. SUITE 2
City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33483 Country PALM BEACH	Zip 33483 Country PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida 10/25/01

5. FEI Number 45-1141280 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $0.75 Additional Fee required for a Certificate of Status

MRS

7. Name and Address of Current Registered Agent

Name: SUE ANN TAURIELLO

Street Address (P.O. Box Number is Not Acceptable): 900 E. ATLANTIC AVE.

Suite, Apt. #, Etc.: Suite 2

City: Delray Beach | State: FL | Zip Code: 33483

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: Sue Ann Tauriello Date: 10/1/03
REGISTERED AGENT MUST SIGN

CR2E081 (11/02)

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
PRES	SUE ANN TAURIELLO	927 Bolender Dr.	Delray Beach FL 33483
V. Pres	DANIEL TAURIELLO	927 Bolender Dr.	Delray Beach FL 33483

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: Sue Ann Tauriello 10/1/03 561 278 5570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #