

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 12 PM 2:48

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02600D67219

1. Corporation Name

TAYLOR INTERNATIONAL ENTERPRISES, INC.

2. Principal Office Address

304 15th St. West

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34208

Country

USA

3. Mailing Office Address

304 15th St. West

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34208

Country

USA

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

6/18/2002

5. FEI Number

04-3689902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED



\$8.75 Additional Fee required
for a Certificate of Status

05-06

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

John TAYLOR

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

304 15th St. West

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34208

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

J Taylor

Date 11 Dec 06

REGISTERED AGENT MUST SIGN

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/H/D	John Taylor	304 15th St. West	BRADENTON, FL 34208
			100082740771 12/22/06 01029-013 **308.75
		12/19	

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 contained in Chapter 119, 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:

J Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Dec 06

Date

Daytime Phone #

*fax 860 245 6017
ATTN: Sean Toner.*

***Taylor International Enterprises, Inc.
304 15th Street, West
Bradenton, FL 34208
941-538-4087***

December 11, 2006

Florida Department of State
Secretary of State
Division of Corporations
Clifton Building
Tallahassee, FL 32301

To Whom It May Concern:

Please reinstate my active status in the state of Florida. I am requesting that the reinstatement fee be waived because in the year of dissolution/revocation we did not receive the annual report notice.

Enclosed are the annual fees for 2005 and 2006 in the amount of \$300.00 plus an additional \$8.75 for a Certificate of Status.

Thank you for your assistance in this matter. If you have any questions, I may be reached at 941-538-4087.

Sincerely,

J. Taylor

John Taylor
President

CLIENT COPY