

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000086772

1. Corporation Name

TALOR CORPORATION

2. Principal Office Address - No P.O. Box #

1901 Morrill Street

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34236

Country

3. Mailing Office Address

1901 Morrill Street

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34236

Country

7. Name and Address of Current Registered Agent

Name

Birnback, Jeffrey M.

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

1901 Morrill Street

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

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

Jeffrey M. Birnback

Date 1-30-07

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
DPST	Holmquist, Dorothea J.	2800 Briarwood Place	Des Moines, IA 50321
D	Holmquist, Tanis	2800 Briarwood Place	Des Moines, IA 50321
D	Birnback, Laurie J.	1901 Morrill Street	Sarasota, FL 34236

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurie J. Birnback, Director

Date

1/30/07 941-362-4672

Daytime Phone #

REINSTATEMENT

400089280914

02/27/07--01001--007 **450.00

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/2002

5. FEI Number

13-4207013

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.