

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

06 NOV 20 PM 4:00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

DOCUMENT # P02000110754

1. Corporation Name TAY AND SALOMON DESIGN STUDIO, INC.

WCL-49891

2. Principal Office Address 619 26th ST. SOUTH

3. Mailing Office Address

Subs. Apt. #, etc.

Subs. Apt. #, etc.

City & State ST. PETERSBURG, FL.

City & State

Zip 33712

Country

Zip

Country

REINSTATEMENT 05-000

4. Date Incorporated or Qualified To Do Business in Florida OCT. 14, 2002

5. FBI Number 41-2064597

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name SCOTT FISHER

Street Address (P.O. Box Number is Not Acceptable) 619 26th ST. SOUTH

Subs. Apt. #, Etc.

City ST. PETERSBURG, FL

State FL

Zip Code 33712

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, P.S.

Signature of Registered Agent [Signature]

Date 11-3-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P. PRESIDENT	SCOTT FISHER	619 26th ST. SOUTH	ST. PETERSBURG FL. 33712

11/13/06 01020 003 #900.00

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-04 727-278-7269 Date Daytime Phone #