

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -3 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P03000010928*

1. Corporation Name

Tale Bearers inc

2. Principal Office Address

2210 Taylor St

Suite, Apt. #, etc.

207

City & State

Hollywood, FL

Zip

33020

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

Jan. 22, 2003

5. -FEI Number

030523435

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

Cathia Robinson

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

2210 Taylor St # 207

Suite, Apt. #, Etc.

207

City

Hollywood

State
FL

Zip Code

33020

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/2/04

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
<i>Director</i>	<i>Cathia Robinson</i>	<i>2210 Taylor St # 207</i>	<i>Hollywood FL 33020</i>
<i>Director</i>	<i>Doane Ranger</i>	<i>2210 Taylor St # 207</i>	<i>Hollywood FL 33020</i>

12/30/04--01003--001 **150.00

200043720152
12/30/04--01003--002 **236.25

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:

Cathia Q. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/04

Daytime Phone #

CR2001 (01/04)

Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

October 20, 2004

Re: Tale Bearers, Inc.
Doc # P03000010928

Gentlemen,

I was recently informed of your intent to dissolve the above Corporation.
If I may explain, I did not receive any renewal application. I believe there is a problem with the address.

I am asking if you could kindly waive this penalty and allow me to renew again,
as per our conversation.

The check for \$150.00 is included.

Yours truly,

Cathia Robinson
President.

