

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB 12 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000025391**

1. Corporation Name

Tayes Books

W09-3132

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

2108 Barker Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

2108 Barker Blvd

Suite, Apt. #, etc.

City & State

Fort Myers Florida

Zip Country

33916 US

City & State

Fort Myers FL

Zip Country

33916 US

4. Date Incorporated or Qualified To Do Business in Florida

3-10-12-003

5. FEI Number

562325191

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

Rosemary Tape

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

2108 Barker Blvd

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33916

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.

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

Rosemary Tape

REGISTERED AGENT MUST SIGN

Date **02.09.09**

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
MGR	John Allen	140 Cherry Valley Dr D23	UNKSTER, MI 48141
MGR	Rosemary Tape	2108 Barker Blvd	Fort Myers FL 33916
			000143499140 02/12/09--01032--002 **83.75
			000143499140 02/12/09--01032--003 **8.75

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:

Rosemary Tape

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.09.09

Date

239-980-3234

Daytime Phone #