PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	OS JUN -6 AN 10:08 SELVICIANASSEE, FLORIDA TALLANASSEE, FLORIDA
DOCUMENT # P03000040757 1. Corporation Name		TALLAHADOLL
MARINE CUSTOM METAL WORKS,CORP		
2. Principal Office Address 700 N 70 TERRACE	3. Mailing Office Address 700 N 70 TERRACE]
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State Hollywood FL	HOLLYWOOD, FC	5. FEI Number Applied For Not Applied be
Hollywood FL Zip 33024 Country SA	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
ENRIQUE PALACIOS		
Street Address (P.O. Box Number is Not Acceptable)		
<u> </u>		
City State Zip Code		
HOLLYWOOD FL 33024		
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		Oate _ G/1/05
REGISTERED AGENT MUST SIGN		
	d/or Director (Florida nonprofit corporations must list at le	· · · · · · · · · · · · · · · · · ·
Titles Name of Officers and/or Directors	Street Address of Eac Officer and/or Directo	h or City / State / Zip
PS PALACIOS, ENRIQUE	700 N 70 TERRACE	HOLLYWOOD, FL 33024
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 807 or 817, F.S. I further certify that when filling 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 be the same legal effect as if made under oath.		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

ATTACHMENT

PS 2 DUX

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE HOLTSVILLE NY 00501-0023

DATE OF THIS NOTICE: 04-30-2003
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 01-0778867
FORM: SS-4 NOBOD
0132650072 B

P03 0 000 46757

FOR ASSISTANCE CALL US AT: 1-800-829-0115

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

MARINE CUSTOM METAL WORKS CORP 700 N 70TH TER HOLLYWOOD FL 33024

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 01-0778867. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following form(s) by the date we show.

Form 1120

03/15/2004

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-0115 or write to us at the address shown above.