1292

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		<b>1</b>
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 SEP 13 PM 3: 00
	BIVISION OF CONFORMIONS	
DOCUMENT # P03 0000 53386  1. Corporation Name		TALKON DELONIOA
Mamut Jewe	elry, Corp.	
2. Principal Office Address	3. Mailing office Address	a Oisala Mari
7335 Su) 1334 (1)	ale flace +335 SU	<b>RENSTATE OF 05-0</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City &/State	City & State	To Do Business in Florida
Nigmi, LL	Niani Pl	5. FEI Number Applied For Not Applicable
Zip Country	Zip/ Country	6. SETTIFICATE OF STATUS PROPERTY S8.75 Additional Fee required
39173	3	Tor a Certificate of Status
Name	7. Name and Address of Current Registe	ed Agent
Street Address (P.O. Box Number is Not Acceptable) \ \( \mathcal{Q} \)		
7335 Su 133 " Will Place		
Suite, Apt. #, Etc.	•	
Viani		State Zip Code 3173.
8. I, being appointed the registered agent of the above named comparation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent Date		
	EGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer an	nd/or Director (Florida nonprofit corporations must list at le	
Titles Name of Officers and/or Directors	Street Address of Eac Officer and/or Directo	
P NOVU Nom	1335 SW1337	10/10/e PL Jani Pl. 33/73
Tulin A do Va from 7335 Sw 133 Order Diani, Pl. 3317=		
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		900079862939
		09715/0601017003 ***300.00
10. I certify that I am an officer or director or the rece	eiver 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: Vay House		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

2:052

DIVISION OF CORPORATIONS REINSTAINMENT DEPARTMENT P.O. BOX 6327 Tallahassee, FL. 32314

## Ref: MAMUT JEWELRY, CORP. FEIN 73-1666734

Dear sirs:

MAMUT JEWELRY, CORP., already sent you its Annual Report on April 10, 2005 with a check payable to you for \$ 150.00 that was never cashed. Concerned about this, I called you on MAY 26, 2005 asking about the Renewal of the Corporation and I was told by someone on your office to be patient and wait because your offices were processing enormous amounts of documents.

I checked the status of the corporation and it is inactive.

Today I called again and I have been requested to send you a letter explaining this issue and a check for \$ 300.00

Thank you very much for your attention to this matter.

Sincerely,

MAMUT JEWELRY, CORP.