

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 15 AM 11:53

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

08-10

DOCUMENT #

1. Corporation Name

PO 3000088825
The Talent Connection Inc

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

750 NE 64 ST

3. Mailing Office Address

750 NE 64 ST

Suite, Apt. #, etc.

B204

Suite, Apt. #, etc.

B204

City & State

Miami FL

City & State

Miami, FL

Zip

33138

Country

USA

Zip

33138

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/11/2003

5. FEI Number

300206889

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

Vanessa Rodriguez

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

750 NE 64 ST B204

Suite, Apt. #, Etc.

Miami

City

State

FL

Zip Code

33138

☒ 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

Vanessa Rodriguez

Date

2/10/10

REGISTERED AGENT MUST SIGN

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
Pres.	Vanessa Rodriguez	750 NE 64 ST B204 MIAMI FL 33138	Miami, FL 33138
			800168791598 02/15/10-01034-003 **450.00
			M. MILLIGAN EXAMINER
			FEB 16 2010

10. E-mail Address:

Vanessa.Rodriguez@a&art

(To be used for future annual report notification)

11. 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. I further certify, 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:

Vanessa Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/10

Daytime Phone #