

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000082063

1. Corporation Name

TAYLOR INTERNATIONAL INC

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

3419 NW 21<sup>ST</sup> TERR

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip

33993

Country

USA

3. Mailing Office Address

3419 NW 21<sup>ST</sup> TERR

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip

33993

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/24/2004

5. FEI Number

542161478

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

VAUGHAN TAYLOR

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

3419 NW 21<sup>ST</sup> TERR

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33993

☒ 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

Vaughan M. Taylor

REGISTERED AGENT MUST SIGN

Date

11/25/08

**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
PD	TRACEY ANN TAYLOR	3419 NW 21 <sup>ST</sup> TERR	CAPE CORAL FL 33993
VPD	VAUGHAN MAXWELL TAYLOR	3419 NW 21 <sup>ST</sup> TERR	CAPE CORAL FL 33993

600139040936  
12/16/08--M1108--001 \*\*\$450.00

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:

Vaughan M. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/08

Daytime Phone #

239 297 7553

FILED

08 DEC -8 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-08 KS