PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2006 OCT 13 AM 9: 04
DOCUMENT # P05000035/22 1. Corporation Name		SECRETANT STATE TALLAHASSEE, FLORIDA
TAVEX AMERICA, INC.		
2. Principal Office Address AVE 1860 N. ATZANTIC	. 3. Mailing Office Address 1860 N.ATLANTIC AVE	CR2E081 (12/05)
Suite, Apt. #, etc. B 70_3	Suite, Apt. #, etc. B 7 0 3	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida MAR 8, 2005 5. FEI Number Applied For
COCOA BEACH FL		04326 7868 Not Applicable
32931 Country USA	32931 USA	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
GEORGE ZAHAYKEVICH		
Street Address (P.O. Box Number is Not Acceptable) / 860 N. ATLANT/C AVE		
Sulte, Apt. #, Etc.		
City COCOA P	State Zip Code FL 3293/	
8. 1, 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 Date 10-11-06 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 Director	Street Address of Each S Officer and/or Director	City / State / Zip
PRES GEORGE ZAH	AYKEVICY 1860 N. ATLANTI	B>03 C AVE COCOA BEACH FL 32931 B>03
TREAS GEORGE ZAHI	AYKSUCU 1860 N. ATLANTIC	AVE COCOA BEACH PL 32931
CLERIC GEORGE ZAHAY	IKEVIEW 1860 AL ATZANTIC	BOO3 AVE COCOABEACH FL 32531
DIR GEORGE ZAHAYA	KEVIEH 1860 N. ATLANTIC	B 203 AVE COCOA BEACH FL 3293]
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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 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 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: GEDRGE 2A HAYKEVICH PRS 10-11-06 321-254-6987 SIGNATURE: SIGNATURE Daytine Phone #		
SIGNADIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		