

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 21 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK

100163833081
12/21/09--01053--007 **300.00

REINSTATEMENT
CR2E081 (11/09)

08-09

DOCUMENT # P05000140918

1. Corporation Name

OSH - TAL ENTERPRISES INC

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

2813 S. Hiawassee Rd.

Suite, Apt. #, etc.

107

City & State

Orlando; Florida

Zip

32835

Country

USA

3. Mailing Office Address

2813 S. Hiawassee Rd.

Suite, Apt. #, etc.

107

City & State

Orlando; Florida

Zip

32835

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/2005

5. FEI Number

203625356

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

Celia B. Mani

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

2813 S. Hiawassee Rd

Suite, Apt. #, Etc.

107

City

Orlando

State

FL

Zip Code

32835

☒ 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

REGISTERED AGENT MUST SIGN

Date 12-15-09

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
PVST	MANI, CELIA B	2813 S. Hiawassee Rd	Orlando FL 32835
PVST	MANI, CELIA B	2813 S. Hiawassee Rd	Orlando FL 32835
PVST	MANI, CELIA B	2813 S. Hiawassee Rd	Orlando FL 32835
PVST	MANI, CELIA B	2813 S. Hiawassee Rd	Orlando FL 32835

10. E-mail Address: celia.mani1964@gmail.com

(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:

12-15-09