

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000108122

1. Corporation Name

TAO TRADING, INC.

W1-12966

2. Principal Office Address - No P.O. Box #
7900 N.W. 68TH STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip Country
33166 USA

3. Mailing Office Address
7900 N.W. 68TH STREET

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip Country
33166 USA

7. Name and Address of Current Registered Agent

Name
ANTONIO BALBINO FRANCA

Street Address (P.O. Box Number is Not Acceptable)
9906 N.W. 52ND TERRACE

Suite, Apt. #, Etc.

City
DORAL

State Zip Code
FL 33178

4. Date Incorporated or Qualified
To Do Business in Florida **OCTOBER 5TH 2007**

5. FEI Number
26-1187704

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

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03/23/10--01014--012 **150.00

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

Date **MARCH 10TH 2010**

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
PS	ANTONIO BALBINO FRANCA	9906 N.W. 52ND TERRACE	DORAL, FLORIDA 33178

10. E-mail Address: taoincorp@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:

ANTONIO BALBINO FRANCA

MARCH 10TH 2010 (305)331-8911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR 23 PM 3:46

SEC. OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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