

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 FEB -3 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P24919

1. Corporation Name

Taliafaro, Inc.

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

One Vantage Way

Suite, Apt. #, etc.

Suite C-250

City & State

Nashville, TN

Zip

37228

Country

Davidson

3. Mailing Office Address

One Vantage Way

Suite, Apt. #, etc.

Suite C-250

City & State

Nashville, TN

Zip

37228

Country

Davidson

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/1989

5. FEI Number
621308021

☐ 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

Cecil Higgs

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

1520 Killearn Center Blvd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

600193225976
02/03/11--01003--007 **8.75

600193225976
02/03/11--01003--006 **3150.00

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

Cecil F. Higgs
REGISTERED AGENT MUST SIGN

Date

February 3, 2011

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
CEO	Thomas Tate	One Vantage Way	Nashville, TN 37228
P	Annie Carter	One Vantage Way	Nashville, TN 37228
S	Rosalind Swinger	One Vantage Way	Nashville, TN 37228

10. E-mail Address: kodzo@taliafaro.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Thomas Tate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-02-11

(615)259-4332