

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLOIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 27 AM 11: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000008818

1. Corporation Name

TALLY ENGINEERING, INC.

Principal Place of Business

Mailing Address

6121 CYPRESS ROAD
PLANTATION FL 33317

6121 CYPRESS ROAD
PLANTATION FL 33317



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 11/30/1992
Suite, Apt. #, etc. 2500 E. HALLANDAL beach Blvd. Suite # 805	Suite, Apt. #, etc. Suite # 805	5. FEI Number 65-0372419
City & State HALLANDAL, FL	City & State	Applied For Not Applicable
Zip 33009	Country BROWARD	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	AMIRI, SOHILLA	6121 CYPRESS RD	PLANTATION FL 33317
V	AMIRI, JAFAR	6121 CYPRESS RD	PLANTATION FL 33317 Removed 10/19/99
V	BOROJERDI, PIROOZ	6121 CYPRESS RD	PLANTATION FL 33317
			100003035841--9 11/05/99-01011-016 ****150.00 ****150.00 SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHO, SANDY H 2750 NW 3RD AVE #9 MIAMI FL 33127	Name PIROOZ BOROJERDI
	Street Address (P.O. Box Number is Not Acceptable) 6121 CYPRESS Rd.
	Suite, Apt. #, Etc.
	City Plantation
	State FL
	Zip Code 33317

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Pirooz Borjerd Date: 10/19/99
REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: Pirooz Borjerd Date: 10/19/99 Daytime Phone #: (954) 458-9499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR