

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 25 PM 1:23

**DOCUMENT # P93000017822**

1. Corporation Name

**TALANA FISHER, INC.**

Principal Place of Business

Mailing Address

601 BRICKELL KEY DR.  
ST. 805  
MIAMI FL 33131

601 BRICKELL KEY DR.  
ST. 805  
MIAMI FL 33131

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

03/09/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0407707

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee Required for a Certificate of Status

Zip

Country

Zip

Country

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
DPS	APPOLINARIO, JOAO B	601 BRICKELL KEY DR., STE. 210 601 Brickell Key Dr., #805	MIAMI FL 33131
SS	ALLEN, ROBERT N JR	601 BRICKELL KEY DR, ST 805	MIAMI FL 33131

900005044519--7  
-03/06/02--01005--008  
\*\*\*\*900.00 \*\*\*\*900.00

*[Handwritten signature]*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALLEN & GALEGO  
601 BRICKELL KEY DR  
ST. 805  
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*[Handwritten signature of Robert N. Allen, Jr.]*

Date

2/21/02

REGISTERED AGENT MUST SIGN by: Robert N. Allen, Jr., President

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:

*[Handwritten signature]*  
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/30/02

Date

(305) 372-3300

Daytime Phone #

CR2E040 (8/01)