PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPAR Secretary DIVISION OF CO	of State			
DOCUMENT # 1980000 38464					
DOCUMENT # (198000) 3841 1. Corporation Name			1	06 DEC 28 PH 4: 57	
				TALLAMAS AMA FLORIDA	
2. Principal Office Address	3. Mailing Office Address				
Suite, Apr. #, etc.	Suite, Apt. #, etc.		CR2E081 (12/05)		
City & State	City & State			orated or Qualified ess in Florida 5/27/93	
Clearwater, FL			5. FEI Number	Applied For Not Applicable	
333765 Country CA	Zip	Country	6. CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Fletcher & Rich, LLP (G0054960224) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code					
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 12/27/05 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
Cas Norbert HEU			STREET	Clear water 72 33755	
			0(01/17	00084661460 /07-01008-016 **1200.00	
10. 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 tiling 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 contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #					