


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
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97 FEB 24 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # ~~PA1111111111~~ P93000054573
1. Corporation Name
TAIRO INTERNATIONAL, INC.
1996-1997 ANNUAL REPORT

Principal Place of Business Mailing Address
25 S.E. 2ND AVENUE
SUITE 1239
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 25 SE 2ND AVE Suite, Apt. #, etc. #1239 City & State MIAMI, FL Zip 33131 Country USA	3. New Mailing Office Address, if Applicable 25 SE 2ND AVE Suite, Apt. #, etc. #1239 City & State MIAMI, FL Zip 33131 Country USA	4. Date Incorporated or Qualified To Do Business in Florida 8/93	5. FEI Number 65-0427561 Applied For Not Applicable
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ROBERT J. BASSAN	8958 FROUDE AVE	SURFSIDE, FL 33154
V	MARK H. BASSAN	20941 BAY CT #121	AVENTURA, FL 33180
S	TANIA N. BASSAN	8958 FROUDE AVE.	SURFSIDE, FL 33154
			800002098868--1 -02/26/97--01092--002 ****365.00 ****365.00
			2/24/97

8. Name and Address of Current Registered Agent DONALD J. KAHN ESQ 317-71ST STREET Miami Beach, Florida 33141	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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  Date _____
DONALD KAHN REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone _____

CR2040 (12/96)



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February 11, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

We did not fill out the application nor pay the fees to keep TAIRO International incorporated for 1996, as we never received the information. It seems as though the application was sent erroneously to our old address (a P.O. box) and was never sent to the correct address.

Please find enclosed the attached fee of ^{365.00}~~350.00~~ along with the application for reinstatement. If you should have any questions whatsoever, please feel free to contact me.

Regards,

Please waive the reinstatement
Fee.

Robert Bassan
President

enclosure