

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

APPLICATION  
FOR  
**REINSTATEMENT**

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

99 OCT 27 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006253

1. Corporation Name

TAYLOR STEELE & ASSOCIATES, INC.

| Principal Place of Business                                | Mailing Address  |
|--|--|
| 13899 BISCAYNE BLVD. STE 26<br>CONF. 26<br>MIAMI, FL 33181 | 13899 BISCAYNE BLVD. STE 26<br>CONF. 26<br>MIAMI, FL 33181 |

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

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 2. New Principal Office Address, if Applicable<br>19 KENNEDY COURT<br>Suite, Apt. #, etc. |  | 3. New Mailing Office Address, if Applicable<br>19 KENNEDY COURT<br>Suite, Apt. #, etc. |  | 4. Date Incorporated or Qualified To Do Business in Florida<br>12/31/1993 |  |
| City & State<br>COTO DE CAZA, CA  |  | City & State<br>COTO DE CAZA, CA  |  | 5. FEI Number<br>65-0463760   |  |
| Zip<br>92679  |  | Country<br>U.S.A.   |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                 |  |

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  |
|-------------|--------------------------------------|--|------------------------|
| D           | GLENN TAYLOR                         | 19 KENNEDY COURT   | COTO DE CAZA, CA 92679 |
| D           | MARLENE TAYLOR                       | 19 KENNEDY COURT   | COTO DE CAZA, CA 92679 |
|             |                                      |  |                        |
|             |                                      |  |                        |
|             |                                      |  |                        |
|             |                                      |  |                        |

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\*\*\*\*75.75 \*\*\*\*158.75

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

GLENN TAYLOR  
13899 BISCAYNE BLVD. STE 26  
CONF 26  
MIAMI, FL 33181

9. Name and Address of New Registered Agent

Name  
GLENN TAYLOR C/O H. MOSKOWITZ, CPA, PA  
Street Address (P.O. Box Number is Not Acceptable)  
450 NORTH PARK ROAD  
Suite, Apt. #, Etc.  
SUITE 410  
City  
HOLLYWOOD  
FL 33021

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

*Glenn Taylor*

Date

6-15-99

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

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 607.0101, F.S., that all fees owed by the corporation have been paid and the name of individuals listed on this form do not qualify for an exemption under section 19.01(3)(b), 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:

*Glenn Taylor*

GLENN TAYLOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

949-589-6191