

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000079572

1. Corporation Name

Tais International, Inc.

Principal Place of Business

Mailing Address

FILED

97 FEB 14 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97
mwb

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

2. New Principal Office Address, If Applicable

2100 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite 1040

City & State

Coral Gables, Fl

Zip

33134

Country

U.S.A.

3. New Mailing Office Address, If Applicable

2100 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite 1040

City & State

Coral Gables, Fl.

Zip

33134

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/94

5. FEI Number

65-0531861

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T/S	Aleksander Odincow	2100 Ponce De Leon Blvd. Suite 1040	Coral Gables, Fl. 33134

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-02/18/97--01028--003

***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Alexander J. Evans

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

2100 Ponce De Leon Blvd.

Suite, Apt. #, Etc.

#1040

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

2/12/97

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:

Aleksander Odincow

2/11/97

(305) 446-2269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #