$r_{\rm p}$	,	OLEAS	SE READ A	LL INST	RUCT	ONS BEFORE	COMPLET	ING THIS FO	RM.	34,	
AT PLICATION			FLORIDA DEPARTMENT OF STATE Katherine Harris			TE	FILED				
FOR REINSTATEMENT			Secretary of State				99 NOV 16 AM 9: 58				
5000000					DIVISION OF CORPORATIONS						
DOCUMENT # <b>P960006165</b> 1. Corporation Name					)			TALLARY OF STATE			
	L, INC.										
Principal Place of Business Mailing Address					968	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		aa (2005 2014 2014 2014 2014 2014			
8815 N. 15TH STREET TAMPA FL			8815 N. 15TH STREET TAMPA FL								
						nd enter correction below		STATEM	ENT	49	
New Principal Office Address, If Applicable  Suite, Apt. #, etc.				New Malling Office Address, If Applicable     Suite, Apt. #, etc.			4. Date Incom	4. Date incorporated or Qualified To Do Business in Florida 07/22/1996			
City & State				City & State	. 610.		5. FEI Numbe	6. FEI Number Applied For 59-3402414			
Zip Country			Zip Country			6. CERTIFICAT	6. CERTIFICATE OF STATUS DESIRED S8 75 All the last of Status.				
7. Names a	and Street Add			r Director (Flo	rida nonprol	fit corporations must list a					
Title(s) Name of Officers and/or Directors			Street Address of E Officer and/or Direct			ector	h or City / State / Zip				
D	IZQUIERDO, FRANCISCO I				602 MOS	SS AVE	CLEARWATER FL				
D MARTINEZ, MARIO				7100 HAZEL HURST OT-				TAMPA FL-46-			
					12740 Wood To			1911 Blug TAMPA FI 33625			
							ni ni	0000030630404			
								-12/07/9901049014 ****750.00 ****750.00			
					<u> </u>						
			dress of Current R	tegistered Age	9. Name and	Address of New Regis	tered Age				
ISQUIERDO, FRANCISCO II 8815 N. 15TH STREET						Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL						Sulte, Apt. #	Sulte, Apt. #, Etc.				
						СКУ	State Zip Code				
10. I, being Signature o Registered	f	registere	d agent of the above	1/1/	SENT MUST	SQUIRED		tion 607.0505, F.S.  Date 11-9-	99		
this rein owed by	statement app the corporati	lication, thon have b	he reason for dissol een paid and the n	lution has been ames of individ	mpowered to eliminated, duals listed o	o execute this application the corporate name sation this form do not qualify a legal effect as if made u	sfies the requirement y for an exemption u	s of section 607.0401 or	617.0401,	F.S., that all fees	
SIGNAT		NATURE /	AND TYPED OR PRIN	ITED NAME OF	EIGNING OF	UIRED SCER OR DIRECTOR	10-1	3-99 (8'	13)8 Daytim	79 28 79 e Phone #	