

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 OCT 17 PM 3:57

DOCUMENT # **P96000096254**

1. Corporation Name

**TAURUS ENTERPRISES, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
780 NE 69 ST., UNIT T-9 MIAMI FL 33138 US	780 NE 69TH STREET SUITE 201 MIAMI FL 33138 US

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



**REINSTATEMENT 2000**

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	11/26/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	65-0716461
City & State	City & State	Applied For	Not Applicable
Zip	Country	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	4. City / State / Zip
DS	SILVA, ROBERTO M	780 NE 69TH STREET, UNIT 201	MIAMI FL 33138
DPT	SILVA, MARIBEL G	780 NE 69TH STREET, UNIT 201	MIAMI FL 33138
			800003455536--1 -11/07/00--01087--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SILVA, MARIBEL G 780 NE 69 ST., UNIT T-9 MIAMI FL 33138	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

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: *Maribel G. Silva* **SIGNATURE REQUIRED** Date: 10/13/2000  
 REGISTERED AGENT MUST SIGN

11. 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)(j), 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: *Maribel G. Silva* **SIGNATURE REQUIRED** Date: 10/13/2000 305-758-7707  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED40 (8/00)