PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **APPLICATION** FOR Dec 14 1998 8:00am Secretary of State P97000023245 **DOCUMENT#** 1. Corporation Name TAYCO, CORPORATION IMPLAHAGOCE: LEUVINA Principal Place of Business Mailing Address 19452 N.E. 26TH AVE. 19452 N.E. 26TH AVE. NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 1140 RIVER BIREH 03/14/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For Cityl& State
HOWY W 0 0 D 8-65-074 City & State Not Applicable しし・ Country S.A \$8.75 Additional Fee requir 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) PD 19452 N.E. 26TH-AVE. USTON, CLIVE NORTH-MIAMI-BEACH-FL-33180 ****150.00 ****150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent USTON, CLIVE Street Address (P.O. Box Number is Not Acceptable) 19452 N.E. 26TH AVE. Suite, Apt. #, Etc. NORTH MIAMI BEACH FL 33180 City State Zip Code 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 ACCOUNTANT FILES RATUR 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes 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 filling 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 storature shall have the same legal effect as if made under oath. SIGNATURE:

I RECENTLY RECEIVED THE DISSOLUTION OF TAYED. IT WAS FORWARDED TO MY NEW POPERSS BY THE POST Office. Howeve THE ADDRESS THAT IT WAS OBLOWDER MARICO TO I SOUS IN DEC OF 1997, THEN MOUCE TEMPORARY CODGINGS, UNTICL AUGUST OF 1995 WHON I MOVES TO MY PERMANSIONE. I WOUD BE ASCE TO PROVE PLLOE THIS ALSO THE NUMBER OF THE POST ORFICE WHOM HAS HAD ATELLIGER GEGTING MAIL TO CHE, I ACTUAL GOST MALL BUD TO THIS DAY NO ANE ICNOUS WHERE IT 15 I DA ASKING YOU AS FER MY LONDERSATION ONE OF YOUR BEENTS, TO REINSTATE HE PURSE