PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT -1 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P97000072284

1. Corporation Name
Tavas Group, Inc.

REINSTATEMENT 2001

2. Principal Office Address	3. Mailing Office Address
5200 West Shore Dr	5200 West Shore Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey, FL	City & State: New Port Richey, FL
Zip: 34652 Country: USA	Zip: 34652 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 8-19-97

5. FEI Number 65-0791400 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Michael D. Denmark
Street Address (P.O. Box Number is Not Acceptable): 5200 West Shore Dr.
Suite, Apt. #, Etc.:
City: New Port Richey State: FL Zip Code: 34652

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Michael D. Denmark REGISTERED AGENT MUST SIGN Date: 9-27-01

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DS	Michael D. Denmark	5200 Westshore Dr.	New Port Richey, FL 34652
DVT	Harold Heitzman	5015 US 19	New Port Richey, FL 34652
DP	Gene Heidenreich	39350 Pretty Pond Rd.	Zephyrhills, FL 33540

10. 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: Michael D. Denmark 9-27-01 (727) 846-0849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #