PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris 02 OCT 24 AM 9: 15 REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT #** P97000079107 1. Corporation Name TALT CORPORATION W02-29323 10/09/02-÷01077-3. Mailing Office Address 2. Principal Office Address 6785 NW 17TH AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. Date incorporated or Qualif To Do Business in Florida 9/10/97 City & State City & State Applied For 5. FEI Number LAUDERDALE, FL 65-0791164 Not Applicable Country Ζiρ \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status UNITED STATES 33309 7. Name and Address of Current Registered Agent Name WALTER SHUTT Street Address (P.O. Box Number is Not Acceptable) 6785 NW 17TH AVENUE Suite, Apt. #, Etc. Zip Code City FL 33309 FORT LAUDERDALE 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. Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of City / State / Zip **Titles** Officer and/or Director Officers and/or Directors 5131-4 SABAL GARDENS LN BOCA RATON, FL 33487 WALTER SHUTT BOCA RATON, FL 33433 21938 REMSEN TERRACE VP WINSTON SHUTT 30 LIGHTHOUSE POINT, 5271 N.E.26TH AVE. VΡ RICHARD SHUTT 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

STF FL32524F.1

V 10/25/02

Walter H. Shutt III President 10/7/02 9549731260



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 10, 2002

TALT CORPORATION 6785 NW 17TH AVENUE FORT LAUDERDALE, FL 33309

SUBJECT: TALT CORPORATION Ref. Number: P97000079107

We have received your document for TALT CORPORATION and your check(s) totaling \$1350.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Letter Number: 002A00056690

Andy Dunlap Document Specialist Supervisor