

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 10 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000025913

1. Corporation Name

TALI-TAI, INC.

2. Principal Office Address

290 174th Street

3. Mailing Office Address

Suite, Apt. #, etc.

1607

Suite, Apt. #, etc.

City & State

Sunny Islands Beach, FL

City & State

Zip

33160

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/98

5. FEI Number

20-0455412

☒ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

200025401752
12/10/03-01071--014 **1350.00

7. Name and Address of Current Registered Agent

Name

Richard A. Wood, Esq.

Street Address (P.O. Box Number is Not Acceptable)

100 SE 2nd Street

Suite, Apt. #, Etc.

1th Floor

City

Miami

State

FL

Zip Code

33131

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

Richard A. Wood
REGISTERED AGENT MUST SIGN

Date 12/8/03

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
P/S	Pauderley Avelino	290 174 th St. #1607	Sunny Islands Beach, FL 33160
VP	Claudia T.A. Avelino	290 174 th St. #1607	Sunny Islands Beach FL 33160
Tr	Talisa A. Avelino	290 174 th St. #1607	Sunny Islands Beach FL 33160

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 individual's 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:

Claudia T.A. Avelino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(786) 271-7215

CR2E081 (10/02)