

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000031098

1. Corporation Name

TAVOS, INC.

Principal Place of Business

7376 W. 20TH AVENUE
#151
HIALEAH FL 33016

Mailing Address

7376 W. 20TH AVENUE
#151
HIALEAH FL 33016

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1998

5. FEI Number

65-0835204

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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
P/T	YANES, GUSTAVO	465 OCEAN DRIVE APT 710	MIAMI BEACH FL 33139
V	HAGAR, ANDRES	1900 SUNSET HARBOR DR., #901	MIAMI BEACH FL 33139
S	DICKENS, DARRYL	901 PENNSYLVANIA AVE	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

YANES, GUSTAVO
465 OCEAN DRIVE
#710
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02

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)(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02

CR2EQ40 (8/02)

TAVOS, INC.
7376 West 20th Avenue, Bay 151
Hialeah, Florida 33016
Tel. (305) 364-2090 Fax (305) 364-9025

October 27, 2002

Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Attn.: Mr. Sean Toner

Re: Tavos, Inc.
Uniform Business Report

Dear Sir:

Please find enclosed our Uniform Business Report and a check for \$ 158.75 to cover the filing and certificate of status fees.

I am also enclosing a photocopy of the electronic filing done through the Internet on the same date, for Tavos, Inc. and Ulloa Sport, Inc.

I do not understand why Ulloa Sport, Inc. is active and Tavos, Inc. has to be reinstated. I appreciate your assistance in this matter.

Sincerely,

Gustavo Yanes,
President
GY/jc
cc: file:UBR2.
Encl.