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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 JUN 15 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000080862

1. Corporation Name

TALISMAN INTERNATIONAL INC

2. Principal Office Address

3635 NW 46th ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33142

Country

USA

3. Mailing Office Address

4603 SW 128th PL

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33175

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0648510

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

MERCEDES A. SECADES

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

4603 SW 128th PL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

Mercades Secades

Date May 30, 2006

REGISTERED AGENT MUST SIGN

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
PD	MERCEDES A. SECADES	4603 SW 128th PL	MIAMI FL 33175

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 contained in Chapter 119, 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:

Mercades Secades

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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• Miami, May 30, 2006

*Florida Department of State
Secretary of State
Division of Corporations*

*Ref: TALISMAN INTERNATIONAL INC
P99000080862*

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To Whom It May Concern:

This letter is to let you know that I never received the annual report notices; I will change the mailing address to my home address.

Truly yours,



Mercedes A. Secades