

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT -7 AM 8:00

**CORPORATION
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S73511

1. Corporation Name

Tallard Technologies, Inc.

2. Principal Office Address
1935 NW 87th Avenue

3. Mailing Office Address
1935 NW 87th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33172

Country
USA

Zip
33172

Country
USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida 8/15/91

5. FEI Number
650280193

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Humberto Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
1935 NW 87 Avenue

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33172

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

Humberto Gonzalez

Date 9-29-03

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	Gonzalez, Humberto ✓	1935 NW 87 Avenue	Miami, Florida 33172
D	Ewerlof, Fredrik	1935 NW 87 Avenue	Miami, Florida 33172
D	Lindroth, Hans	1935 NW 87 Avenue	Miami, Florida 33172
D	Boord, Leonard	1935 NW 87 Avenue	Miami, Florida 33172
D, VP	Farache, Sergio	1935 NW 87 Avenue	Miami, Florida 33172
D	Rimsky, Jose	1935 NW 87 Avenue	Miami, Florida 33172

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:

Humberto Gonzalez

9-29-03

305-925-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR22001 (10/02)