CORPORATION REINSTATEMENT STATE Katherine Harries Sucreary of State Division of Corporation Name Sucreary of State Division of Corporation Name H J S TAIS POLLON Services, INC. Division of Corporation Name H J S TAIS POLLON Services, INC. STATEMENT B OI DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OI DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OI DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OI DEC -3 PM 12: 47 DIVISION OF CORPORATIONS STATEMENT B OI DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS STATEMENT B OI DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS STATEMENT B OI DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS STATEMENT B OI DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF CORPORATIONS OIL DEC -3 PM 12: 47 DIVISION OF	• 🛌	. PLEASE READ	ALL INSTI	RUCTIONS BEFORE C	COMPLETI	NG THIS FORM.			
DOCUMENT # V 13 0 9 6 Corporation Name H J S TAISPECTION SELUCES, INC. In Principal Office Address 15041 SW 13 place Suits, Apt 8, etc. To be districted in Suits Foots Foots Taispection To be districted in Suits Foots Taispection A Death Incorporated or Quattrict To be districted in Foots Fo	CORPORATION REINSTATEMENT REINSTATEMENT REINSTATEMENT REINSTATEMENT REINSTATEMENT					SECRETARY OF STAIL TALLAHASSEE, FLORIDA			
Sulta, Apt. 8, etc. Sulta, Apt. 8, etc. Sulta, Apt. 8, etc. A. Date Incorporated or Qualified To Do Business in Florids Feß FUA- 11 1992 S. FEI Number Control of Feß FUA- 11 1992 S. FEI Number Country Page Page Page Page Page Page Page Page	Corporation Name					UI DEC -3 FR	12. 41		
Sulta, Apt. 8, etc. Sulta, Apt. 8, etc. Sulta, Apt. 8, etc. A. Date Incorporated or Qualified To Do Business in Florids Feß FUA- 11 1992 S. FEI Number Control of Feß FUA- 11 1992 S. FEI Number Country Page Page Page Page Page Page Page Page	Principal Office Address 3. Mailing Office Address					ragraff <i>a</i>			
A Date Incorporated or Qualified To De Bushness in Florids FCB (VA-V) [1] (9.92 State Survival Florids FCB (VA-V) [1] (9.92 State Survival Florids FCB (VA-V) [1] (9.92 Survival FCB (VA-V	15041 SW 13 place 150				SIAI	EMEN! 6	,	0	
SUND SUND FOR SUND SUND SUND SUND SUND SUND SUND SUND				SEC.		11.769	C _{1 2}		
The support of the su	_		1	i 1 & c		FEI Number Applied For			
Street Address (P.O. Box Number Is Not Acceptable) 1504 SW 13 PV-CE State. Apt #. Etc. City City Swar 75 State Address of Each Officer and/or Director (Florida nonprofit corporations must list at less 3 directors) Registreed Address of Each Officer and/or Director (Florida nonprofit corporations must list at less 3 directors) Name of Officers and/or Directors Officer and/or Directors City State / Zip On 13 PV-CE Registreed Address of Each Officer and/or Directors Officers and for Directors Officers and for Directors Officers and for Directors Officer and/or Directors	_ው 333	· · ·	Zīp	Country		OF STATUS DESIDED TEL \$8.75	Additional Fee rec	aulred	
Street Address (P.O. Box Number is Not Acceptable) South									
L. I. being appointed the registered eyent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Integrature of REGISTERED AGENT MUST SIGN Date 11/24/01 REGISTERED AGENT MUST SIGN Name of Officer and/or Directors (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) P.D. John R. Anns 1504/15w/13place Submission of Each Officer and/or Director Officer and/or Director Officer and/or Director Submission of Each Officer and/or Dir		Street Address (P.O. Box Number is Not Acceptable) 1504(SW 13 PV+Ce Suite, Apt. #, Etc.				****758_75 ***** 58.75			
Name of Officers and/or Directors Officer and/or Director City / State / Zip P.D.S. Tahn R. Annis / 1504/ Swill3 place Submiss, Fl. 33326 P.T. Cynthin K. Annis / 1504/ Swill3 place Submiss, Fl. 33326 On 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 feed cowed 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.	ignature of egistered Agent REGISTERED AGENT MUST SIGN								
P.D. John R. Annis 15041 Sw 13 place Swins F1, 33326 P.T. Cyuthin K. Annis 15041 Sw 13 place Swins F1, 33326 O. 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 feee owed by the corporation have been paid and the names of individuals listed on this form do requirity for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and occurate, and my signature shall have the same legal effect as if made under eath.		Name of		Street Address of Each		City / State	/ Zip	_	
O. 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S.; that all feee 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 cath.	D C								
O. 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.	1,D3								
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 occurate, and my signature shall have the same legal effect as if made under oath.	P, T	Cynthin K. Ann	د.	7.5.641 3013	PINCE.	DOMESK FI	332	<u>e</u> .	
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 occurate, and my signature shall have the same legal effect as if made under oath.									
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 occurate, and my signature shall have the same legal effect as if made under oath.				· · · · · · · · · · · · · · · · · · ·			- 107 111	-	
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 occurate, and my signature shall have the same legal effect as if made under oath.		· · · · · · · · · · · · · · · · · · ·						\dashv	
	this rein owed by on this	nstatement application, the reason for disa- y the corporation have been paid and the rapplication is true and accurate, and my al	nution has been names of Individual gnature shall have the state of th	eliminated, the corporate name satisfies satisfies satisfies (satisfies listed on this form do not qualify for the same legal effect as if made under the same legal effect as	s the requirements an exemption unde ir oath.	of section 607.0401 or 617.040 er section 119.07(3)(i), F.S. The	11, F.S., that all fees information indicate	ed	