PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION OF FOR A FLORIDA DEPARTMENT OF STATE 44 Sandra B. Mortham Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 JAN 25 PH 24 H DOCUMENT # V47.838 1. Corporation Name SECHETARY OF STATE TALL ABASSES, FLORIDA 16969 E. Colonial Dr. Corp. Principal Place of Business . 16969 East Colonial Dr. REINSTATEMEN Orlando, Fl., 32820 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable P. O. BOX 531711 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Same above. Suite Apt. #, etc.
Longwood
City & StateFlorida Suite, Apt. #, etc. 5. FEI Number Applied For City & State 59-3135491 Not Applicable \$8.75 Additional Fee required Zip Country ^{zp} 3タフ5ス-17// for a Certificate of Status Oran 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) Orlando, F1, 32 828 Spring Tsland Way 300002764733--5 -02/04/39--01056--008 ***1058.50 ***1058.50 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Mike JABBARI Suite, Ant. #. Etc Alt. Spgs 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. Signature of Registered Agent - some REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year Intangible Personal Property fax due June 30. Yes L 12. Learlity that Lam 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 Madrid Salehi (Bresident) 12-32-78 (407) 808-1111