

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 AUG -4 PM 12: 43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40289**

1. Corporation Name

TALA CORP.

2. Principal Office Address

6892 S. Yosemite Court

3. Mailing Office Address

984 Airport Road

Suite, Apt. #, etc.

Suite 2-105

Suite, Apt. #, etc.

A

City & State

Centennial, Colorado

City & State

Destin, Florida

Zip

80112

Country

U.S.A.

Zip

32541

Country

U.S.A.

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/1992

5. FEI Number

581706121

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

Stephen Rose

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

984 Airport Road

Suite, Apt. #, Etc.

Suite A

City

Destin

State

FL

Zip Code

32541

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

Steph Th. Rose

REGISTERED AGENT MUST SIGN

Date July 26, 2006

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
CP	Malas, Mohannad	31591 Bluff Dr.	Laguna Beach, CA 92651
S	Malas, Rana	31591 Bluff Dr.	Laguna Beach, CA 92651

B 8/9/06

REINSTATEMENT 01-06

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09/11/06 01000 000 **1500.00

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

8/2/06

Date

(949) 874-5780

Daytime Phone #