

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 11 PM 4: 02

DOCUMENT # **727028**

1. Corporation Name
TAMARAC BUSINESS ASSOCIATION, Inc.

2. Principal Office Address
ONE FINANCIAL PLAZA
Suite, Apt. #, etc.
1610

3. Mailing Office Address
ONE FINANCIAL PLAZA
Suite, Apt. #, etc.
1610

City & State
FT. LAUDERDALE, FL
Zip
33394
Country
USA

City & State
FT. LAUDERDALE, FL
Zip
33394
Country
USA

REINSTATEMENT 96-01

4. Date Incorporated or Qualified To Do Business in Florida **7/25/73 SP**

5. FEI Number 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
ALVIN CAPP **800004597648-9**
Street Address (P.O. Box Number is Not Acceptable)
ONE FINANCIAL PLAZA **-09719/01--01006--13**
Suite, Apt. #, Etc. **1610** ******551.25 ****551.25**
City **FT. LAUDERDALE** State **FL** Zip Code **33394**

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 **[Signature]** Date **April 5, 2007**
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SPIRO TELEGADIS	ONE FINANCIAL PLAZA Suite 1610	FT. LAUDERDALE FL 33394
D	ULYSSES TELEGADIS	ONE FINANCIAL PLAZA Suite 1610	FT. LAUDERDALE FL 33394
D	ALVIN CAPP	ONE FINANCIAL PLAZA Suite 1610	FT. LAUDERDALE FL 33394

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)(f), 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: **[Signature]** Date **April 5, 2007** Daytime Phone **954-462-8007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR