


FROM :

FAX NO. : 9544250200

Apr. 17 2008 04:35PM P4

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PH 1:31

| CORPORATION REINSTATEMENT | |  | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
|--|---------------------------------|---|---|--|--|
| DOCUMENT # F99000000824 | | | | | |
| 1. Corporation Name TARITEK, INC | | | | | |
| 2. Principal Office Address - No P.O. Box # 3161 Lake Park Lane <small>Suite, Apt. #, etc.</small> | | | 3. Mailing Office Address 3161 Lake Park Lane <small>Suite, Apt. #, etc.</small> | | |
| City & State Sarasota, FL | | City & State Sarasota, FL | | | |
| Zip 34231 | Country U.S.A. | Zip 34231 | Country US | | |
| 4. Date Incorporated or Qualified To Do Business in Florida 02/12/1999 | | | | | |
| 5. FEI Number 650836502 | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <input checked="" type="checkbox"/> Additional Fee required for a Certificate of Status | | | | | |
| 7. Name and Address of Current Registered Agent | | | | | |
| Name Corporation Service Company | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street | | | | | |
| <small>Suite, Apt. #, Etc.</small> | | | | | |
| City Tallahassee | | State FL | Zip Code 32301 | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S. | | | | | |
| Signature of Registered Agent Doreen Wallace | | | | Date 4/18/08 | |
| 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 Officer and/or Director | Street Address of Each Officer and/or Director | | City / State / Zip | |
| Pres. | JOHN M. MCKEE | 3161 LAKE PARK LANE | | SARASOTA, FL 34231 | |
| | | | | | |
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| 10. I certify that I am an officer or director of the receiver or trustee or 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: J.M. McKee | | | | Date: 04-17-08 | |
| <small>FOR OFFICE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date</small> | |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 06-08
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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

TARITEK, INC.

| | |
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| Certificate of Status | 0 |
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