

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 14 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000065479**

1. Corporation Name

TABASHE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3370 HIDDEN BAY DRIVE #2008
AVENTURA FL 33180

3370 HIDDEN BAY DRIVE #2008
AVENTURA FL 33180



000014096630
03/14/03--01094--010 **300.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1022537

Applied For ..

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	AZERBAT, EMILY	3370 HIDDEN BAY DRIVE #2008	AVENTURA FL 33180
D	AZERBAT, MOSHE	3370 HIDDEN BAY DRIVE #2008	AVENTURA FL 33180
D	AZERBAT, VIOLETTE	3370 HIDDEN BAY DRIVE #2008	AVENTURA FL 33180
D	AZERBAT, DAVID	3370 HIDDEN BAY DRIVE #2008	AVENTURA FL 33180

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHAPIRO, IRA R
16375 NE 18TH AVENUE SUITE 225
NORTH MIAMI BEACH FL 33162

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 3-12-03

REGISTERED AGENT MUST SIGN

11. 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-03

Date

(305) 6925110

Daytime Phone #

CR2E040 (8/02)