

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY 17 PM 2:01

FLORIDA DEPARTMENT OF STATE  
ALBANY, FLORIDA

100103583301  
05/31/07--01006--019 \*\*300.00

**REINSTATEMENT 06-07**

DOCUMENT # **P97000029554**

1. Corporation Name  
**TERLAR, INC.**

2. Principal Office Address  
**600 NE 33RD ST.**

3. Mailing Office Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**POMPANO BEACH**

City & State  
**FLORIDA**

Zip  
**33064**

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida **5/15/97**

5. FEI Number  
**65-0740401**

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  
**LARRY GOLDBERG**

Street Address (P.O. Box Number is Not Acceptable)  
**600 NE 33RD STREET**

Suite, Apt. #, Etc.

City  
**POMPANO BEACH**

State  
**FL**

Zip Code  
**33064**

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 *Larry Goldberg*

Date **4/20/07**

REGISTERED AGENT MUST SIGN

**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
P	GOLDBERG, LARRY	600 NE 33RD ST.	POMPANO BEACH, FL 33064

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 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: X *Larry B Goldberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/20/07**

Daytime Phone # **954-942-2937**

CR2E081 (1/0/02)

4/20/07 *AGW*

Dear Sirs

Our company was affected by Hurricane Wilma & during the reworking of our business we misplaced a lot of papers.

We are submitting the reinstatement forms & a check \$150.00.

We would appreciate the reinstatement of our corporation

Thank you

TER LAR, INC  
LARRY GOLDBERG  
600 N.E. 33rd STREET

*Larry Goldberg*