

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 10: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOR  
REINSTATEMENT

DOCUMENT # F00000003779

1. Corporation Name

TASK MANAGEMENT ENTERPRISES, INC.

Principal Place of Business

3083 N. LIMA STREET  
BURBANK CA 91504

Mailing Address

3083 N. LIMA STREET  
BURBANK CA 91504

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/06/2000

5. FEI Number

95-4767310

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CHACON, RON A	10205 FAIRGROVE AVENUE	TUJUNGA CA
V	CHACON, ANGELA	10205 FAIRGROVE AVENUE	TUJUNGA CA

900008878949  
11/07/02--01089--008 \*\*150.00

8. Name and Address of Current Registered Agent

NEGGRETTO, GIOVANNI N  
7903 CLUBHOUSE ESTATES DR  
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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

*Giovanni Negretto*  
REGISTERED AGENT MUST SIGN

Date

Oct 28 02

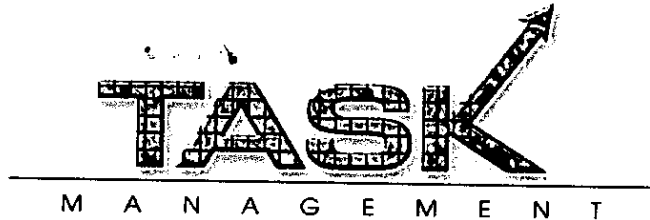
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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:

*Ron Chacon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

Enclosed is the Florida Application for Reinstatement along with a filing fee of \$150.

To the best of my knowledge, we had not earlier received two prior uniform business reports. We have searched our files and can find no record of any. We are therefore remitting the reduced fee of \$150.

Sincerely,

A handwritten signature in cursive script that reads "Ron Chacon".

Ron Chacon  
President

**PRODUCT DISTRIBUTION & BUSINESS CONSULTING**  
3083 NORTH LIMA STREET • BURBANK, CA 91504  
888-550-TASK (8275) • 818-973-2900 • FAX 818-973-2929  
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