

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR 22 AM 10:33

**DOCUMENT # G50845**

**1. Corporation Name**

**TATI TRANSFER INC.**

**2. Principal Office Address - No P.O. Box #**  
8500 NW 30 TERRACE

**3. Mailing Office Address**  
8500 NW 30 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
MIAMI, FL

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MIAMI, FL

**Zip Country**  
33122 USA

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33122 USA

CR2E081 (12/08)

**4. Date Incorporated or Qualified To Do Business in Florida** 07/12/1983

**5. FEI Number** 59-2333207

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**  
ROBERTO LORES

**Street Address (P.O. Box Number is Not Acceptable)**  
8500 NW 30 TERRACE

Suite, Apt. #, Etc.

**City**  
MIAMI

**State Zip Code**  
FL 33122

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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**

**Date** 04/21/2009

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
DP	LORES, ROBERTO	8500 NW 30 TERRACE	MIAMI, FL 33122
DS	OSPINA, ALEXANDER	16161 SOUTH HWY 475	SUMMERFIELD, FL 34491

900151757239  
04/22/09--01005--004 \*\*600.00

T's 4/21/09  
REINSTATEMENT 06-05

**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 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:**

PRESIDENT

04/21/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #