

APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE
APPROVED AND FILED

97 MAR 28 PM 2:41

Read Instructions on Other Side Before Making Entries
 Make Check Payable To: *Department of State*

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: **DOCUMENT # K31442**
 TARMAINE, INC.
 550 BILTMORE WAY
 CORAL GABLES, FL 33134

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.
 Address
 Address
 City and State
 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: **8-19-88**
 4. FEI Number: **65-0071835**
 FEI Number Applied For
 FEI Number Not Applicable
 5. **\$8.75 Additional Fee required for a Certificate of Status.**
CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P	Machiko Nagata	550 Biltmore Way Coral Gables, FL 33134	Coral Gables, FL

REINSTATEMENT *96-97*
A. Man
3/28/97

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent and/or Officer
 Name: **Jose I. Padial**
 Street Address (Do NOT Use P.O. Box Number): **999 Ponce de Leon Blvd. #715**
 Street Address (Do NOT Use P.O. Box Number):
 City and State: **Coral Gables FL**
 Zip: **33134**

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *[Signature]*
 REGISTERED AGENT MUST SIGN
 Date: *3/26/97*

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: *Machiko Nagata*
 Date: *3-25-97*
 Daytime Phone: *(305) 445-7805*