


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT




FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 JAN -7 PM 3:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 01



500026168655
 01/06/04--01062--007 **450.00

DOCUMENT # K62597

1. Corporation Name
TAREK CORP.

Principal Place of Business 1905 NW 21ST AVE. FT. LAUDERDALE FL 33311	Mailing Address 1905 NW 21ST AVE. FT. LAUDERDALE FL 33311
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 02/01/1989
		5. FEI Number 65-0092144
		Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	NATOUR, ESA	1905 N.W. 21ST AVENUE	FORT LAUDERDALE FL


8. Name and Address of Current Registered Agent

DOLCHIN, STEVEN B.
 4330 SHERIDAN ST. SUITE 202B
 HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent


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

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:  REGISTERED AGENT MUST SIGN

Date: **12/30/2003**

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:  **ESA NATOUR** 12/30/2003 954 7335666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

Dec 30/2003

ESA MATOUR

1905 N.W 215 AVE

I didn't received the original Application
for my Corporation and I am sending
the fee for these corp and thanks you
very much

Lawyer