

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE <b>Glenda E. Hood</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>K62597</b>			
1. Corporation Name <b>TAREK CORP.</b>			
Principal Place of Business <b>1905 NW 21ST AVE. FT. LAUDERDALE FL 33311</b>		Mailing Address <b>1905 NW 21ST AVE. FT. LAUDERDALE FL 33311</b>	
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 <b>02/01/1989</b>		5. FEI Number <b>65-0092144</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$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 <b>DOLCHIN, STEVEN B. 4330 SHERIDAN ST. SUITE 202B HOLLYWOOD FL 33021</b>		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 <b>FL</b>	
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 		Date <b>12/30/2003</b>	
REGISTERED AGENT MUST SIGN			
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: 		Date <b>12/30/2003</b> Daytime Phone # <b>954 733 5666</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 01



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

CR2E040 (7/03)

Dec 30/2003

ESA NATOUR

1905 N.W 21 S 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

