AD		· · · · · · · · · · · · · · · · · · ·	DA DEPARTME			ING THIS FORM									
REI	PERCATION  1 FP112 WENT		Sandra B. Mo Secretary of DIVISION OF CORPO	ortham State		FILED LIGHTARY OF CORPO	STALE RATION =								
DOCUMENT # P000000 47182					02 JAN -7 PM 1:37										
1. Corporation Name T.A ENTERPRISES INC.															
14239 N. Floroida Ave TAMPA, FL 33613 Principal Flace of Business  Mailing Address															
Principal F	•			1	-										
14239 N. Florida Ave Tampa, R. 33613					6000047774561 -01/16/0201030015										
						****306.	)O ****300.00								
	addresses are incorrect in any way, lin- rincipal Office Address, If Applicable		ough incorrect information and enter correction below.  3. New Mailing Address,  f Applicable			DO NOT WRITE IN THIS SPACE  4. Date incorporated or Qualified To Do Business in Florida									
Suite, Apt.	#, etc	Suite, Apt. i	Suite, Apt. #, etc.			or .	Applied For								
City & State		City & State	City & State		59-3	645515	Not Applicable								
Zip	Country	Zip	Count	ry	CERTIFICAT	E OF STATUS DESIRED 🔲 S	8.75 Additional Fee required for a Certificate of Status								
7. Names	and Street Addresses of Each Officer	and/or Director (Fi		<del>· _ · · · · · · · · · · · · · · · · · ·</del>	<del></del>										
Title(s)	and/or Directors			reel Address of Each fficer and/or Director Ise Post Office Box N	or City / State / Zip										
Po	SHATIO AC	<i>100-</i>	877/ T		10.00	TAMPA, F	2 22417								
<u> </u>	SHAHEEN KHAND	TXHE	0 126 11	EFFARA	LANE	1									
v.P.	SHAHEEN KHAND	KER -	8726 TE	FEARA	LANE.	TAMPA, FO	33467								
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	8. Name and Address of Curre	ent Registered Ag	ent		9. Name and	Address of New Registered	l Agent								
Street Address (P. 72/) Suite, Apt. #, Etc.					O. Box Number is Not Acceptable) O. P. D. NEER LAKE'S CR.										
												City	P. 1.	3 Sta	te Zip Code 334/3
									appointed the registered agent of the	above named corp	oration, am familiar w	ith and accept the ob	oligations of Secti	on 607.0505, F.S.	
Signature of Registered a		RECHSTERED AC	BENT MUST SIGN			Date	······································								
11, Do De	pes this corporation pay ept. of Revenue under	/ any intano 3. 199.032,	gible tax to th Florida Stat	ne uțes. Yes [	] No [		ide for information angible tax.)								
lease the certify the this rein	reby certify that the information supplied to Division of Corporations from any light hat I am an officer or director or the restatement application the reason for eved by the corporation have been paid att.	ibility of non-complectiver or trustee e dissolution has bee	iance with Section 11 impowered to execute an eliminated, the con-	9.07(3)(k) in the ever this application as property name satisfied	nt that the inform provided for in ch	ation supplied is deemed ex napter 607 or 617, F.S. I fun its of section 607,0401 or 6	empt from public access. I ther certify that when filing								
/	TURE: Stra	L A	tsha	12	,	1/4/02	4-640-4010								

## A & K BOOKKEEPING & TAX CONSULTANTS

Syed H. Sharfi, M.B.A., B.B.A.
Accounting & Tax, Fla Atlantic University
Asif S. Sharfi, CPA
Office & fax (561) 640-4010
Residence (561) 697-3086

January 4, 2002

Secretary of State Tallahassee, FL

Ref: charle # P000000 47182

Dear Sir or Madam:

Please find enclosed Application for reinstatement of TA Enterprises duly signed by the President of the Corporation and Registered Agent.

Our Clients had changed his address and intimated the Postal Authority of the same but due to reason unknown we never received the UBR. Please change the mailing address as appeared on Line # 1

And we can assure you that such inconvenience will never be repeated and at same time we highly appreciate your favourable consideration in this matter. We are attaching an amount of \$ 300.00 for both the year of 2001 & 2002.

Please send all mail to the undersigned address.

Thanking you.

Yours Sincerely,

(Syed H. Sharfi) Registered Agent

1072 Pioneer Lakes Cir.

W.P.B., Fl 33413