## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Corretory of State		SE DIVI <b>03</b>	SECRETARY OF STATE DIVISION OF CORPORATIONS  03 NOV 24 PM 4: 47		
DOCUMENT # \$ 000 000 62567  1. Corporation Name						
TAUB EQUITIES, INC. (FORMERLY TAUB PROPERTIES, INC.)			REIN	STATEMENT_1	13	
2. Principal Office Address 2905 BAYSHORE BLVD Suite, Apt. #, etc.	3. Mailing Office Address  2905 PAYSHORS BLVD  Suite, Apt. #, etc.			00024449713 /0301046019 **150		
GUITE 202		FUITE 202		4. Date Incorporated or Qualified To Do Business in Florida JUNE 27. 2000		
CITY & STATE TAMPA, FLORIDA	TAMPA, F	MPA, FLORIDA		5. FEI Number Applied For Not Applied For Not Applicable		
33629 Country USA	<sup>zip</sup> 33629	Country	6. CERTIFICATE	E OF STATUS DESIRED S8.75 Additional for a Certification		
7. Name and Address of Current Registered Agent Name						
Name BRIAN N. TAUB Street Address (P.O. Box Number is Not Acceptable) 2905 BAYSHORE BLVD.						
2905 BAYSHORE BLVD. Suite, Apt. #, Etc. SUITE 202						
City TAMPA				State Zip Code FL 33629		
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 1 - 20 - 03  BEGISTERED 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 Direct	ors	Street Address of Each Officer and/or Director		City / State / Zip		
DIR. BRIAN-N-TAUB- 1135 ABBEYS WAY TAMPA, FL 33						
DIR MELANIE TAL	B 113	S ABBEYS	WAY	TAMPA, FL 33	602	
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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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						

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## TAUB EQUITIES, INC. 2905 Bayshore Blvd. #202 Tampa, Fl. 33629 (813) 832-6444 Fax (813) 832-6545

October 27, 2003

Department of State
Division of Corporations———
409 E. Gaines St.
Tallahassee, Fl. 32399

Re.: Taub Equities, Inc. I.D. # 59-3655864

Dear Madam or Sir,

Because of reasons unknown to us, we failed to receive a 2003 Uniform Business Report regarding the above referenced business entity. Our prior business practice and protocol has always been to file timely Uniform Business Reports. We respectfully request the waiver of any and all penalties due to our inadvertent failure to file 2003 Uniform Business Report.

We have enclosed the requisite fully executed Corporate Reinstatement Form and a check in the sum of One Hundred Fifty dollars (\$150.00) representing payment in full for our annual reporting fee.

Should you have any questions, please contact me at (813) 832-6444.

Sincerely,

Ronald Simon