

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT#

P000000 82191

1. Corporation Name

TANICHOCORP

2. Principal Office Address

2243 FISHER ISLAND DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33109

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/30/2000

5. FEI Number

65063642

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

7. Name and Address of Current Registered Agent

Name

MICHAEL ROBINSON

Street Address (P.O. Box Number is Not Acceptable)

2243 FISHER ISLAND DR

200024982707
11/24/03--01093--034 **158 75

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33109

8. I, being appointed registered agent of the above named corporation, am familiar with and accept the obligations of section 0.0505 or 1.050, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/11/03

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
P/S/T/D	MICHAEL ROBINSON	2243 FISHER ISLAND DR	MIAMI FL 33109

10. I certify that I am an officer or director or trustee or empowered to execute this application as provided for in chapter 001, F.S. If further certification is required for reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 0.001 or 1.001, F.S., 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 11.00(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

11/11/03

Date

305857-0222

Daytime Phone#

CR2E081(1/0/02)

COLEEN O'LEARY HENDERSON, P.A.
2601 S. BAYSHORE DRIVE, SUITE 250
COCONUT GROVE, FLORIDA 33133
305 857-0222 TELEPHONE
305 857-0030 FACSIMILE

September 12, 2003

Secretary of State
Annual Report Division
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Tina

Re: TANICHO CORP. Annual Report

Dear Sir or Madam:

Enclosed please find the total sum of \$158.75 which represents your fee for filing the enclosed Corporate Annual Report for 2003 which we downloaded from the internet and for a Certificate of Status to reflect that the corporation is now in good standing. Apparently, according to the registered agent, he never received the 2003 annual report..

We are requesting that since we did not receive the 2003 report, you waive the late fees and file report. Since we are in the middle of a closing, we need to be reinstated immediately. Please call me to advise if you need anything else.

If you have any questions, please do not hesitate to contact me.

Sincerely,



COLEEN O. HENDERSON, ESQ.

/CH
encl.

*This was sent
already*
*Urgent
Please send
Certificate*
*in
FedEx
pack
or call*
*me
ASAP
TX*