

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 28 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000082598

1. Corporation Name  
TAFJAM USA, INC

1722 MAIN STREET  
1722 MAIN STREET

2. Principal Office Address  
1722 MAIN STREET

Suite, Apt. #, etc.

City & State  
WESTON, FLORIDA

Zip Country  
33326 USA

3. Mailing Office Address  
1722 MAIN STREET

Suite, Apt. #, etc.

City & State  
WESTON, FLORIDA

Zip Country  
33326 USA

4. Date Incorporated or Qualified:  
To Do Business in Florida 08/31/2000

5. FEI Number  
65-1041289

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
DARREN RIETTIE

Street Address (P.O. Box Number is Not Acceptable)  
1722 MAIN STREET

Suite, Apt. #, Etc.

City  
Weston

State Zip Code  
FL 33326

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 10/21/2004

REGISTERED 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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	JULIE RIETTIE	1722 MAIN STREET	WESTON, FL 33326
VS	DARREN RIETTIE	1722 MAIN STREET	WESTON, FL 33326

200042282092  
10/28/04--01035--009 \*\*150.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/2004

Date

954-385-8531

Daytime Phone #

CR2E081 (01/04)

282

**Miami, October 21<sup>st</sup>, 2004**

**Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314**

**Re: TAFJAM USA, INC.  
Doc Number P00000082598**

**Dear Sir or Madam:**

**Please find enclosed an application for reinstatement with our new address.**

**We have never received the 2004 Uniform Business Report. We think it was sent to a different location.**

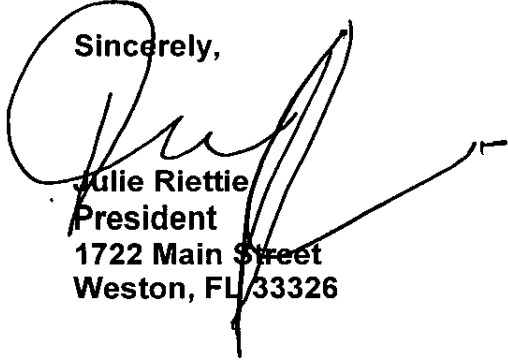
**We are enclosing a check for \$150 to cover the following fees:**

**2004 Uniform Business Report**

**We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2000.**

**Your consideration will be greatly appreciated.**

**Sincerely,**



**Julie Riettie  
President  
1722 Main Street  
Weston, FL 33326**