

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10PZ



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 13 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 101000026707

Corporation Name

TAS REMO DEC GROUP, INC

2. Principal Office Address BLVD.  
4443 HOLLYWOOD  
Suite, Apt. #, etc.

3. Mailing Office Address  
SAME

City & State  
HOLLYWOOD

City & State  
FL

Zip  
33021

Country  
BROWARD

Zip  
33021

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2001

5. FEI Number

4 Applied For.  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name  
DIEGO F. MONCAYO

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

4443 HOLLYWOOD BLVD

Suite, Apt. #, Etc.

City  
HOLLYWOOD

State  
FL

Zip Code  
33021

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 12-10-02

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
P	DIEGO F. MONCAYO	4443 HOLLYWOOD BLVD	HOLLYWOOD FL 33021
VP	ALBERT B. PARKERSON	14221 W RAY ROAD	FT. LAUDERDALE FL 33301

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)(f), 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 #

12-10-02 954-961-9112



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Department of State Division of Corporations  
Corporate Fillings  
P.O. Box 6327  
Tallahassee, Florida 32314

December 10th, 2002

To Whom It May Concern,

Please be advised of the reinstatement form along with payment of \$150.00 that we are submitting today December 20th, 2002 due to the following reason:

- A. Paperwork was never received.
- B. Address shown in your files listed as 443 Hollywood Blvd. (copy enclosed)

We want to thank you before hand for your cooperation and ask for you to submit these changes as soon as possible.

Sincerely,

Diego Moncayo  
President

CC. Albert B. Parkerson