

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 29 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000044719

1. Corporation Name

TARBEC ENTERPRISES, INC.

2. Principal Office Address

470C ANSIN BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

470C ANSIN BLVD

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

Zip

33009

Country

USA

City & State

HALLANDALE, FL

Zip

33009

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/3/2001

5. FEI Number

65-1101859

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

JAMES N. BRADFORD, JR.

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

2100 WEST 76th STREET

Suite, Apt. #, Etc.

STE 211

City

HIALEAH

State

FL

Zip Code

33016

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

James N. Bradford, Jr.

REGISTERED AGENT MUST SIGN

Date 11/23/04

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
PTD	PHILLIPS, BARTIMUS C.II	470C ANSIN BLVD	HALLANDALE, FL 33009

500043049735
11/29/04--01078--010 **750.00

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)(l), 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:

Bartimus C. Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-5-04

Daytime Phone #