

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN 28 AM 9:11

DOCUMENT # P01000073479

1. Corporation Name

TABANKID ENTERPRISES INC

REINSTATEMENT 03-04

2. Principal Office Address

4615 Reynosa Dr SW
Suite, Apt. #, etc.

3. Mailing Office Address

4615 Reynosa Dr SW
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

7/23/01

City & State

Winter Haven FL

City & State

Winter Haven FL

Zip

33880

Country

USA

Zip

33880

Country

USA

5. FEI Number

47-0868481

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

Gordon Roegner, Esq.

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

2255 Glades Rd.

Suite, Apt. #, Etc.

Suite 324A

City

Boca Raton

State

FL

Zip Code

33431

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

[Signature]

Date 6-23-04

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
Pres	Robert Tabankid	4615 Reynosa Dr SW	Winter Haven FL 33880

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:

Robert Tabankid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/04 904658 7035
Date Daytime Phone #

CR2E081 (01/04)