

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 12 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000078974

1. Corporation Name

TEHARI ENTERPRISE, INC

2. Principal Office Address

8501 EL PORTAL DRIVE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip
33604

Country

HILLSBOROUGH

3. Mailing Office Address

8501 EL PORTAL DR

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip
33604

Country

HILLSBOROUGH

4. Date Incorporated or Qualified

To Do Business in Florida AUGUST 14, 2001

5. FEI Number

NONE

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

MURRAY, TERRANCE M

Street Address (P.O. Box Number is Not Acceptable)
21725 OCEAN PINES DRIVE

Suite, Apt. #, Etc.

City

LAND O LAKES

State
FL

Zip Code
34639

100029389331
02/25/04--01028--017 **108.75

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]

REGISTERED AGENT MUST SIGN

Date FEBRUARY 18, 2004

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
D	MURRAY, TERRANCE M.	21725 OCEAN PINES DRIVE	LAND O LAKES, FL. 34639

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRANCE M MURRAY

Date

3-5-04

Daytime Phone #

813 508 5710

CR2E081 (01/04)