

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

Nov 02, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P01000100689

1. Entity Name
TAMICA CORPORATION



Principal Place of Business

**14281 SW 153 AVE
MIAMI, FL 33196 US**

Mailing Address

**14281 SW 153 AVE
MIAMI, FL 33196 US**

REINSTATEMENT



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10122004 REIN-P CR2E098 (6/04)

4. FEI Number
01-0576865

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHMACHTENBERG, LEE C
1533 SUNSET DRIVE SUITE 201
CORAL GABLES, FL- 33143**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lee C. Schmachtenberg

(NOTE: Registered Agent signature required when reinstating)

DATE

10/27/04

**FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MUNOZ, CARLOS J**
CITY-ST-ZIP **14281 S.W. 153 AVENUE
MIAMI, FL 33196**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VSD**
STREET ADDRESS **RAMIREZ, MIRIAM**
CITY-ST-ZIP **14281 S.W. 53 AVENUE
MIAMI, FL 33196**

TITLE ☐ Change ☐ Addition
NAME **400041914544**
STREET ADDRESS **10/18/04--01004--011 **750.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **MUNOZ, TATIANA**
CITY-ST-ZIP **14281 S.W. 153 AVENUE
MIAMI, FL 33196**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Miriam Ramirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/04 (205) 255-7881
Date Daytime Phone #