

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
**OLUBR**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 13 AM 8:01

DOCUMENT # 10/000101698

**1. Corporation Name**

TARCO INC

**2. Principal Office Address**

520 LAUREL AVE

Suite, Apt. #, etc.

**3. Mailing Office Address**

520 LAUREL AVE

Suite, Apt. #, etc.

**City & State**

SANFORD FL

**City & State**

SANFORD FL

**Zip**

32771

**Country**

U.S.A

**Zip**

32771

**Country**

U.S.A

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

800009602708  
12/19/02--01090--004 \*\*150.00

**5. FEI Number**

59-3752598

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**

MOHSEN TARTIBI

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

520 LAUREL AVE

**Suite, Apt. #, Etc.**

**City**

SANFORD

**State**

FL

**Zip Code**

32771

**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

M. TARTIBI

REGISTERED AGENT MUST SIGN

Date 12/12/02

**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
PTS	MOHSEN TARTIBI	520 LAUREL AVE	SANFORD FL 32771

**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:**

M. TARTIBI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/02

Date

Daytime Phone #

CR2E081 (9/01)



Accounting, Inc.

4907 CARDER ROAD #4  
ORLANDO FL 32810  
407.292.1964  
407.445.1755 FAX

Mr Andy Dunlap  
Division Of Corporations Reinstatement Section  
P.O. Box 6327  
Tallahassee Fl 32399

Re: Tarco Inc.

As per our telephonic Conversation today please find enclosed a check for \$150.00 and a signed reinstatement Form. My client never received the last two reports and apologizes for this inconvenience. Once again many thanks  
For your understanding.

Sincerely

A handwritten signature in black ink, appearing to be 'Ingrid Goldberg', written over a horizontal line.

Ingrid Goldberg