

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000121478

1. Entity Name  
TAJEMAL, INC.



Principal Place of Business  
14375 NW 15TH ST  
PEMBROKE PINES, FL 33028

Mailing Address  
14375 NW 15TH ST  
PEMBROKE PINES, FL 33028

2. Principal Place of Business  
1251 NW 137TH AVE  
Suite, Apt. #, etc.

3. Mailing Address  
1251 NW 137TH AVE  
Suite, Apt. #, etc.

City & State  
PEMBROKE PINES.  
Zip  
33028  
Country  
US

City & State  
PEMBROKE PINES  
Zip  
33028  
Country  
U.S.



01282005 REIN-P CR2E098 (6/04)

4. FEI Number  
05-0541013

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MALCOLM, ROSEMARIE G  
14375 NW 15TH ST  
PEMBROKE PINES, FL 33028

## 7. Name and Address of New Registered Agent

Name  
MALCOLM, ROSIEMARIE G.  
Street Address (P.O. Box Number is Not Acceptable)  
1251 NW 137TH AVENUE  
City  
PEMBROKE PINES FL Zip Code  
33028

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 *X [Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01.30.05  
DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MALCOLM, ASA GEORGE ☐ Delete  
STREET ADDRESS 14375 NW 15TH ST  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE VD  
NAME MALCOLM, ROSEMARIE ☐ Delete  
STREET ADDRESS 14375 NW 15TH ST  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME MALCOLM, ASA GEORGE  
STREET ADDRESS 1251 NW 137TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE VD ☒ Change ☐ Addition  
NAME MALCOLM, ROSEMARIE  
STREET ADDRESS 1251 NW 137TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☒ Change ☐ Addition  
NAME 5000467081  
STREET ADDRESS 02/16/05--01050--005 \*\*\*300.00  
CITY-ST-ZIP

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

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

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: *X [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.30.05 954-732-8622  
Date Daytime Phone #