PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 14 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000122289

REINSTATEMENT 07-05

CR2E081 (8/05)

1. Corporation Name
TABB GROUP, INC.

2. Principal Office Address	3. Mailing Office Address
15715 S. Dixie Hwy	15715 S. Dixie Hwy
Suite, Apt. #, etc. 311	Suite, Apt. #, etc. 311
City & State Miami FL	City & State Miami FL
Zip 33157 Country US	Zip 33157 Country US

4. Date Incorporated or Qualified To Do Business in Florida 11/15/2002

5. FEI Number 61-1431797 ☐ 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: AZAR JAVID

Street Address (P.O. Box Number is Not Acceptable): 15715 S. Dixie Hwy

Suite, Apt. #, Etc.: 311

City: Miami State: FL Zip Code: 33157

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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: Javid Date: 11-10-05
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
P	AZAR JAVID	15715 S. Dixie Hwy 311	Miami FL 33157

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: Javid 11-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #