

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
103 OCT 20 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PO2000 26207

1. Corporation Name

TAFCO PROPERTIES, INC

2. Principal Office Address

20895 E DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Office Address

20895 E DIXIE HWY

Suite, Apt. #, etc.

City & State

Aventura, FL

Zip

33180

Country

City & State

Aventura, FL

Zip

33180

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2002

5. FEI Number

81-0635075

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

FRANK RICHMAN

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

20895 E DIXIE HWY

Suite, Apt. #, Etc.

City

Aventura

State

FL

Zip Code

33180

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

10/17/03

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
PSD	FRANK RICHMAN	20895 E DIXIE HWY	Aventura, FL 33180
VD	Robert Kramer	20895 E DIXIE HWY	Aventura, FL 33180

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

Date

10/17/03

Daytime Phone #

305 331 4895

CP2E081 (10/02)

**TAFCO PROPERTIES, INC.
20895 EAST DIXIE HWY
AVENTURA, FLORIDA 33180
(305) 331-4895**

October 17, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 332314

To Whom It May Concern:

I have just found out that my company, Tafco Properties, Inc., is inactive status. I never received the form UBR and was unaware that I needed to send in a form every year. I am requesting that you would be kind enough to waive the late file fees. I will make sure to be aware next year to watch for the form.
Thank you for your help.

Sincerely,



Frank Richman