

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 703000090891

1. Corporation Name

TASCA MADRID INC

2. Principal Office Address

2804 WESTON RD

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33331

Country

USA

3. Mailing Office Address

2804 WESTON RD

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33331

Country

USA

06 FEB 17 AM 9:22

STATE  
TALLAHASSEE, FLORIDA

500067451405  
03/03/06--01019--007 \*\*450.00

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

08-03

5. FEI Number

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

PETER CRABTREE

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

785 SW 148 AVE

Suite, Apt. #, Etc.

1410

City

SUNRISE

State  
FL

Zip Code

33325

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 2-14-06

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	PETER CRABTREE	785 SW 148 AVE # 1410	SUNRISE, FL, 33325

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 contained in Chapter 119, 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

2-14-06

Daytime Phone #

786-367-1747

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NON-RECEIPT OF ANNUAL REPORT  
TASCA MADRID INC DOCUMENT #

DEAR SIR,

ENCLOSED IS AN APPLICATION FOR  
RE-INSTATEMENT ALONG WITH THE  
ANNUAL REPORT FEE AND THE CORPORATE  
SUPPLEMENTAL FEE FOR EACH YEAR.

I AM REQUESTING A WAIVER OF THE  
RE-INSTATEMENT FEE DUE TO NON-RECEIPT  
OF ANNUAL REPORT NOTICES. TO DATE, WE  
HAVE NOT RECEIVED <sup>2004</sup> AN ANNUAL REPORT NOTICE  
NOR ANY OTHER CORRESPONDENCE FROM THE  
DIV. OF CORPORATIONS OF THE FL. DEPT OF  
STATE. I BELIEVE THERE MAY HAVE BEEN  
A DISCREPANCY IN (MY) THE CORPORATION  
ADDRESS ON FILE.

THANK YOU FOR YOUR COOPERATION  
IN THIS MATTER.

SINCERELY,

PETER CHARLES  
PRESIDENT