

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 OCT -2 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000124325

1. Corporation Name

TAMARIS, INC

300161281493  
10/02/09--01041--010 \*\*450.00

2. Principal Office Address - No P.O. Box #  
1001 SOUTH MIAMI AVE

3. Mailing Office Address  
725 NE 22ND STREET

**REINSTATEMENT 07-09**  
CR2E081 (12/08)

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
PH1D

4. Date Incorporated or Qualified  
To Do Business in Florida SEPT 09, 2005

City & State  
MIAMI FL

City & State  
MIAMI FL

5. FEI Number  
75-3208448

☐ Applied For  
☐ Not Applicable

Zip Country  
33130 USA

Zip Country  
33137 USA

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
ERIC CORMOULS\_HOULES

Street Address (P.O. Box Number is Not Acceptable)  
725 NE 22ND STREET

Suite, Apt. #, Etc.

City  
MIAMI

State Zip Code  
FL 33137

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 SEPT 29TH, 2009

**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
PRES	ERIC CORMOULS-HOULES	725 NE 22ND STREET	MIAMI, FL 33137

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

SEPT 29<sup>th</sup>, 09 (786) 371-5917  
Date Daytime Phone #