

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR 16 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P06000005328**

1. Corporation Name

Tarabay Enterprises, Inc.

2. Principal Office Address - No P.O. Box #

3690 West Broward Blvd

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33312

Country

USA

3. Mailing Office Address

3690 West Broward Blvd

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33312

Country

USA

000145937680  
03/16/09--01051--012 \*\*450.00

**REINSTATEMENT 07-09**

4. Date Incorporated or Qualified  
To Do Business in Florida 1/10/2006

5. FEI Number  
20-4258075

☐ 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  
Chris Tarabay

Street Address (P.O. Box Number is Not Acceptable)  
3690 West Broward Blvd

Suite, Apt. #, Etc.

City  
Fort Lauderdale

State  
FL

Zip Code  
33312

☒ 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

REGISTERED AGENT MUST SIGN

Date 3-9-2009

**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
P,D	Chris Tarabay	3690 West Broward Blvd	Fort Lauderdale, FL 33312

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-2009

Date

954-708-7197

Daytime Phone #