

2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 08, 2007
Secretary of State**

DOCUMENT# P06000097625

Entity Name: TAMID CORP.

Current Principal Place of Business:

15861 NE 14TH AVENUE
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

15861 NE 14TH AVENUE
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 20-8531542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHALEQUE, KAMAL
15861 NE 14TH AVENUE
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KAMAL KHALEQUE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KHALEQUE, KAMAL
Address: 15861 NE 14TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S,T () Delete
Name: KHALEQUE, KAMAL
Address: 15861 NE 14TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: KHALEQUE, KAMAL
Address: 15861 NE 14TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAMAL KHALEQUE

Electronic Signature of Signing Officer or Director

PST

10/08/2007

Date