


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 12 PM 3:05

| | |
|---|---|
| DOCUMENT # P07000029143 |  |
| 1. Entity Name TAHIROVIC, INC | |

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| Principal Place of Business 5664 SANTA MONICA BOULEVARD SOUTH JACKSONVILLE, FL 32207 | Mailing Address 5664 SANTA MONICA BOULEVARD SOUTH JACKSONVILLE, FL 32207 |
|--|--|



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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

11192008 REIN-P CR2E098 (1/07)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| TAHIROVIC, AVDO 5664 SANTA MONICA BOULEVARD SOUTH JACKSONVILLE, FL 32207 | |

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 20-8567926 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|--|--|
| FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST TAHIROVIC, AVDO 5664 SANTA MONICA BOULEVARD SOUTH JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000138985070 12/12/08--01035--008 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TAHIROVIC, ADISA 5664 SANTA MONICA BOULEVARD SOUTH JACKSONVILLE, FL-32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 12/10/08 904-7397447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/12/08