

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000040964

**FILED**  
**Oct 23, 2012**  
**Secretary of State**

**Entity Name:** TARI CORP.

**Current Principal Place of Business:**

177 OCEAN LANE DRIVE APT 1104  
KEY BISCAVNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

177 OCEAN LANE DRIVE APT 1104  
KEY BISCAVNE, FL 33149

**New Mailing Address:**

1110 BRICKELL AVENUE  
SUITE 310  
MIAMI, FL 33131

**FEI Number:** 73-1735684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NS CORPORATE SERVICES INC.  
1110 BRICKELL AVE STE 310  
MIAMI, FL 33131 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:** NS CORPORATE SERVICES INC.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** SENRA SOUZA, PAULO M  
**Address:** 177 OCEAN LANE DRIVE APT 1104  
**City-St-Zip:** KEY BISCAVNE, FL 33149

**Title:** DST  
**Name:** SENRA SOUZA, ANDRE M  
**Address:** 177 OCEAN LANE DRIVE APT 1104  
**City-St-Zip:** KEY BISCAVNE, FL 33149

**Title:** DV  
**Name:** SENRA SOUZA, RITA DE CASSIA M  
**Address:** 177 OCEAN LANE DRIVE APT 1104  
**City-St-Zip:** KEY BISCAVNE, FL 33149

I hereby 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 all other like empowered.

**SIGNATURE:** SOUZA

D

10/23/2012

Electronic Signature of Signing Officer or Director

Date