

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000030066

**Entity Name:** TARF CORPORATION

**FILED**  
**Dec 05, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

8615 COMMODITY CIRCLE  
SUITE 06  
ORLANDO, FL 32819

**New Principal Place of Business:**

8615 COMMODITY CIRCLE  
SUITE 06  
ORLANDO, FL 32819 US

**Current Mailing Address:**

8615 COMMODITY CIRCLE  
SUITE 06  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 46-2434889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LARSON ACCOUNTING AND CONSULTING SERVICES  
8615 COMMODITY CIRCLE SUITE 06  
ORLANDO, FL 32819 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:** CAROLINE LARSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SILVA, JABER FELIPE D  
**Address:** 8615 COMMODITY CIRCLE SUITE 06  
**City-St-Zip:** ORLANDO, FL 32819 US

**Title:** VP  
**Name:** SILVA, ALEXANDRE LUIZ D  
**Address:** 8615 COMMODITY CIRCLE SUITE 06  
**City-St-Zip:** ORLANDO, FL 32819 US

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:** JABER FELIPE D SILVA

P

12/05/2014

Electronic Signature of Signing Officer or Director

Date