PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 MAY -2 AM 9: 16

SECRETARY F STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P14000098197

1. Corporation Name

TamarUSA Corp.

700298874307
05/04/17--01030--016 **1050.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1882 Tyler Street	1882 Tyler Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

City & State	City & State
Hollywood, FL	Hollywood, FL

5. FEI Number — Applied For / Not Applicable

Zip	Country	Zip	Country
33020	US	33020	US

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
The Alhadeff Law Group, P.L.

Street Address (P.O. Box Number is Not Acceptable)
11900 Biscayne Blvd

Suite, Apt. #, Etc.
289

City	State	Zip Code
Miami	FL	33181

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 5/1/2017

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	Melvin Schlesinger	1882 Tyler Street	Hollywood, FL 33020

10. **E-mail Address:** Mark@alhadefflaw.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____

5/1/2017   786-618-9703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #