

APPLICATION FOR REINSTATEMENT FOR <u>Tarheel Enterprises, Inc</u>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		DO NOT WRITE IN THIS SPACE	
Registered in Florida Before Making Entries Make Check Payable To: Department of State				90 MAY 28 PM 2:00	
1. Name and Mailing Address of Corporation. DOCUMENT # <u>P9300000980</u> <u>Tarheel Enterprises, Inc.</u> <u>27 Fletcher Ave</u> <u>Sarasota, FL 34237</u>			2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment. Address _____ Address _____ City and State _____ Zip Code _____		
3. Date Incorporated or Qualified To Do Business in Florida _____		4. FEI Number <u>65-0379411</u>		<input type="checkbox"/> FEI Number Applied For <input type="checkbox"/> FEI Number Not Applicable	
5. Names and Street Addresses of Each Officer and/or Director					
1	2	3	4		
Title	Names of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State		
P	David Finkelstein	27 Fletcher Ave	Sarasota, FL 34237		
S				500002868065--S -05/07/99--01131--0005 *****0000000000000000	
REINSTATEMENT <u>98-99</u> <u>B 5/5/99</u>					
This corporation has liability for intangible tax under section 199.032, Florida Statutes. For intangible tax information call Department of Revenue 904-488-6800.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
REGISTERED AGENT INFORMATION			7. Name and Address of New Registered Agent		
6. Name and Address of Current Registered Agent <u>David M. Finkelstein</u> <u>27 Fletcher Ave</u> <u>Sarasota, FL 34237</u>			Name _____ Street Address (Do NOT Use P.O. Box Number) _____ Street Address (Do NOT Use P.O. Box Number) _____ City and State _____ Zip Code _____		
Signature of Registered Agent <u>David Finkelstein</u>			Date _____		
REGISTERED AGENT MUST SIGN					
9. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
Signature of Officer or Director <u>David Finkelstein</u>			Date <u>4/17/99</u> Phone # <u>941-952-9994 ext 11</u>		
Typed or printed name of signing officer or director <u>DAVID FINKELSTEIN</u>					
10. Should you desire a certificate of status check the box.					
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

\$8.75 Additional Fee required for a Certificate of Status