

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 DEC 26 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000006652

1 Corporation Name
T-A-T of South Florida

Principal Place of Business Mailing Address
3800 N.W. 22nd Avenue
Miami, Florida 33142

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable		3 New Mailing Address, If Applicable		4 Date Incorporated or Qualified To Do Business in Florida 1/25/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 FEI Number 65-0402053	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☒ \$175 Additional Fee required for Certificate of Status	

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Jacque E. Thamilus	3800 NW 22nd Ave	Miami, Florida 33142
S D	Robert Tyler	3800 NW 22nd Ave	Miami, Florida 33142

6700002042176--8
-12/31/96--01055--018
****583.75 ****583.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Steven Rosen
5601 Biscayne Blvd.
Miami, Florida

Name
STEVEN M. ROSEN, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
5601 BISCAYNE BOULEVARD
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33137

10 I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent X

REGISTERED AGENT MUST SIGN

Date 12/24/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/95)