PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

95

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

APPROVED AND FILED
1997 NOV -7 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000022755

1. Corporation Name
TAKI TRADE & MARKETING CORP.

Principal Place of Business	Mailing Address
8454 N.W. 61 ST MIAMI, FL 33166	17647 JAMESTOWN WAY LUTZ, FL 33549

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
17647 JAMESTOWN WAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LUTZ, FLORIDA	City & State
Zip: 33549 Country: PASCO	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 03-24-93

5. FEI Number: 65-0395245 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT	ANWAR R. TAKIEDDINE	17647 JAMESTOWN WAY	LUTZ FLORIDA 33549
V.P.	SAMMY TAKIEDDINE	17647 JAMESTOWN WAY	LUTZ FLORIDA 33549
			000002343100--0 -11/10/97--01124--008 ****1080.00 ****1080.00
			REINSTATEMENT 95 11/7/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JOHN C. MESE 170 N.E. 99th STREET MIAMI FLORIDA 33138	Name: SAMMY TAKIEDDINE Street Address (P.O. Box Number is Not Acceptable): 17647 JAMESTOWN WAY Suite, Apt. #, Etc. City: LUTZ State: FL Zip Code: 33549

CR2E040 (12/96)

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: [signature] REGISTERED AGENT MUST SIGN Date 11-06-97

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 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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] 11-06-97 (813) 207-1352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #