

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**DON'T WRITE IN THIS SPACE**

FILED

01 MAR 15 PM 2: 02

**Read Instructions on Other Side Before Making Entries**  
**Make Check Payable To: Department of State**

\* Name and Mailing Address of Corporation: DOCUMENT # P94000075245

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.

TALLAHASSEE FLORIDA

**Address**

**Address**

City and State

Zip Code

3. Date Incorporated or Qualified  
To Do Business in Florida

10-13-94

4. FEI Number

65-0526036

FBI Number Applied For

FEI Number Not Applicable

5

**\$8.75 Additional Fee required  
for a Certificate of Status**

**CERTIFICATE OF STATUS DESIRED**

C. Names and Street Addresses of Each Officer and/or Director

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State
2	3	4	
President	Beatriz Tabbara	601 NW 179 AVENUE SUITE 104	PENSACOLA, FL 33029-2810
			200003892117--0 -03/22/01--01019--025 ****900.00 ****900.00

### REGISTERED AGENT INFORMATION

6. Name and Address of New Registered Agent and of Office

Name \_\_\_\_\_

~~BEATRIZ~~ Tabbara

Street Address (Do NOT Use P.O. Box Number)

601 NW 179 AVE, SUITE 104

Street Address (Do NOT Use P.O. Box Number)

City and State

Pembroke Pines

Zip

FL.

33028-2810

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

Date 3/6/01

2. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

i. 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.)

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 \_\_\_\_\_  
Manager or Director

223 or printed name of signing officer or director

Date Jan 10 2001

Daytime Phone # (305) 772-4336

Beatriz L. Tabbara