## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT # P96000007205 FILED 1. Entity Name TAR ENTERPRISES, INC. 2006 OCT 17 PM 4: 43 Principal Place of Business Mailing Address 17980 GULF BLVD SUITE 202 SECRETARY OF STATE 17980 GULF BLVD SUITE 202 REDDINGTON SHORES, FL 33708 REDDINGTON SHORES, FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10132006 REIN-P CR2E098 (11/05) City & State City & State Applied For 4. FEI Number 59-3354594 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROHDE, TED Street Address (P.O. Box Number is Not Acceptable) 17980 GULF BLVD SUITE 202 REDDINGTON SHORES, FL 33708 City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2007, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROHDE, TED NAME NAME 700080932657 STREET ADDRESS 17980 GULF BLVD SUITE 202 STREET ADDRESS 10/18/06--01004--021 \*\*158.75 REDDINGTON SHORES, FL 33708 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: IED KOHDE

10/13/2006 727. 319.0052