

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000029675		

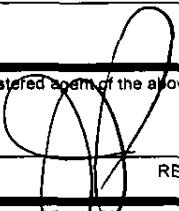
1. Corporation Name
TARA, INC.

2. Principal Office Address - No P.O. Box # 6291 SW 14 ST.	3. Mailing Office Address 10272 SW 119 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami, FL 33176
Zip 33144 Country US	Zip 33176 Country US

7. Name and Address of Current Registered Agent

Name Jose A. Perez	
Street Address (P.O. Box Number is Not Acceptable) 10272 SW 119 ST.	
Suite, Apt. #, Etc.	
City Miami	
State FL	Zip Code 33176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent 
REGISTERED AGENT MUST SIGN

Date 3/6/2017

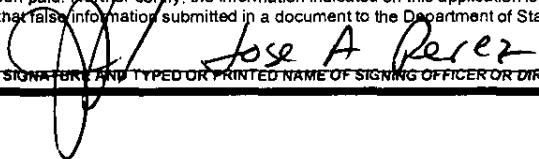
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Jose A Perez	10272 SW 119 ST	Miami, FL 33176
SD	Ans Perez	10272 SW 119 ST	Miami, FL 33176
VD	RSFDER Portuondo	60133 SW 46 TERR	Miami, FL 33155
TD	Ans Portuondo	60133 SW 46 TERR	Miami, FL 33155

10. E-mail Address: tap227@gmail.com

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2017 3055254100 Date Daytime Phone #

FILED
17 MAR 10 AM 7:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100296550151
03/10/17-01018-028 \$1200.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 04/04/1994

5. FEI Number 65-0656204 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

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for a Certificate of Status

18. 2/13/17