

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 MAR 10 AM 7:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000029675

1. Corporation Name

TARA, INC.

100296550151
03/10/17--01019--028 **1200.00

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

Country

33144 US

Zip

Country

33176 US

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

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	<u>Jose A Perez</u>	<u>10272 SW 119 ST</u>	<u>MIAMI, FL 33176</u>
SD	<u>ANA Perez</u>	<u>10272 SW 119 ST</u>	<u>MIAMI, FL 33176</u>
VD	<u>ROSAEL PORTUONDO</u>	<u>60133 SW 46 TERR</u>	<u>MIAMI, FL 33155</u>
TD	<u>ANA PORTUONDO</u>	<u>60133 SW 46 TERR</u>	<u>MIAMI, FL 33155</u>

10. E-mail Address: tap0227@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

Jose A Perez

3/6/2017 3055254100

Date Daytime Phone #

49-2/13/17