

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>PA6000030393</b>		<b>FILED</b> 99 JUL 30 PM 1:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <b>TATMAR, INC.</b>			
Principal Place of Business <b>3098 NEWBURGH ST. PORT CHARLOTTE, FL 33952</b>		Mailing Address <b>3098 NEWBURGH ST. PORT CHARLOTTE, FL 33952</b>	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number	
<b>MARCH 27, 1996</b>		<b>65-0657406</b>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D/P/ST	T. D. YOUNG	3098 NEWBURGH STREET	PORT CHARLOTTE, FL 33952
V	NANCY I. YOUNG	3098 NEWBURGH STREET	PORT CHARLOTTE, FL 33952
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
THOMAS P. HALL 3443D TAMIAHI TRAIL PORT CHARLOTTE, FL 33952		Name T. D. YOUNG Street Address (P.O. Box Number is Not Acceptable) 3098 NEWBURGH STREET Suite, Apt. #, Etc. City PORT CHARLOTTE State FL Zip Code 33982	
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		Date	
<i>T. D. Young</i>		7/27/99	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <i>T. D. Young</i>		T. D. YOUNG, PRESIDENT 7-27-99 941-255-0837	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E031 (12/98)