

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000055851

1. Corporation Name

TAJ INC OF TAMPA

Principal Place of Business

Mailing Address

825 W. BEARSS AVE.  
TAMPA FL 33613

825 W. BEARSS AVE.  
TAMPA FL 33613

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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/27/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3382239

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SARSOUR, HERAZ G	825 W BEARSS AVE	TAMPA FL 33613
			600003496676---6
			-12/12/00--01034--002
			****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SARSOUR, HERAZ G  
825 W BEARSS AVE  
TAMPA FL 33613

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00

Date

Daytime Phone #

FILED

00 NOV 22 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (800)

2012

**TAJ INC. OF TAMPA**  
**DBA SUPER SEVEN**  
825 W BEARSS AVENUE  
TAMPA, FL 33613

Florida Department of State,

Dear Sir or Madam:

It just came to our attention that our corporation failed to submit the Uniform Business Report 2000. Enclosed please find the form and a check for the fees of \$150.00 and we respectfully request waiving the penalty because someone else replaced me in the store while I was out with my wife who was pregnant and discovered she has cancer. He advised me that he never received this form or any Information regarding this report while he operated the business.

Your cooperation and understanding is greatly appreciated and we apologize for any inconvenience this may caused.

HERAZ SARSOOR

