

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 AUG 30 PM 12: 26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000103243

1 Corporation Name
TARSHIS INVESTMENTS, INC.

Principal Place of Business Mailing Address

8486 N.W. 78th Court Tamarac, FL 33321 **c/o Jacob I. Rosenberg, CPA**
1140 Avenue of the Americas
New York, NY 10036-5803

REINSTATEMENT 98-99

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 Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **December 24, 1996**

5. FEI Number **65-0716844** Applied For
 Not Applicable

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)

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,T	Tarshis, Jack	8486 N.W. 78th Court	Tamarac, FL 33321
V,S	Levine, Roberta	1 Lakeview Drive	Old Tappan, NJ 07675

100002977601--9
 09/02/99--01096--014
 ***\$900.00 ***\$900.00

8. Name and Address of Current Registered Agent

Tarshis, Jack
8486 N.W. 78th Court
Tamarac, FL 33321

9. Name and Address of New Registered Agent

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 *Jack Tarshis* Date **8/29/99**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (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: *Jack Tarshis* **7/29/99** **KE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JACK TARSHIS

CRP040 (12/96)