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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 29 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000003568

1. Corporation Name

Tammi House of Flava, Inc

200005555142--6

-05/16/02--01055--006

****750.00 ****750.00

2. Principal Office Address

668 NE 167th ST

Suite, Apt. #, etc.

3. Mailing Office Address

668 NE 167th ST

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33162

Country

USA

Zip

33162

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/8/97

5. FEI Number

65-0784971

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

Labib Baizy

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

701 NE 125th St

Suite, Apt. #, Etc.

City

W. Miami

State

FL

Zip Code

33161

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

Labib Baizy

Date

4/20/02

REGISTERED AGENT MUST SIGN

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
Pres	Tamara Terrell	668 NE 167 th St	N. Miami 33162

10. 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:

Tamara Terrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/2002

Daytime Phone #

305.845.301

CR2E081 (9/01)

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April 24, 2002

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314**

**TAMMI HOUSE OF FLAVA INC
668 NE 167 Street
Miami, FL 33162**

**RE: REINSTATEMENT OF TAMMI HOUSE OF FLAVA INC. Document #
P97000003568**

Per our telephone conversation today 4/24/02, with one of your representatives,
in regards to reinstatement, please find attached check for \$750.00.

Kindly waive penalty fees due to none receipt of prior Uniform Business Reports.

Please feel free to call me or my accountant at this number 305-895-3011 if we can be of
further assistance.

Your help in this matter will be greatly appreciated.

Sincerely

Labib Baltagi

Labib Baltagi
701 NE 125 Street
N Miami, FL 33161