

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 30 PM 1:07


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

700023139907  
09/30/03--01022--019 \*\*750.00

98-03

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 097000013439

1. Corporation Name

Tamiam m + D Inc.

2. Principal Office Address

14085 SW 139 CT

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33186

Country

USA

3. Mailing Office Address

14085 SW 139 CT

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33186

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

05-0730389

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

Mario Salman

09/17/03--01041--001 \*\*150.00

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

14085 SW 139 CT

700023139907  
09/17/03--01041--001 \*\*150.00

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code

33186

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

Mario Salman

Date 9-16-03

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
<u>P</u>	<u>Mario Salman</u>	<u>8870 SW 86 st</u>	<u>Miami, FL 33173</u>

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:

Mario Salman Mario Salman

9/16/03

Date

305 255-2400

Daytime Phone #

CR2E081 (10/02)

9/30