

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 17 PM 2:01

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

100103583301
05/31/07--01006--019 **300.00

REINSTATEMENT 06-07

DOCUMENT # P97000029554

1. Corporation Name

TERLAR, INC.

2. Principal Office Address

600 NE 33RD ST.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

FLORIDA

Zip

Country

Zip

Country

33064

4. Date Incorporated or Qualified
To Do Business in Florida

5/15/97

5. FEI Number

65-0740401

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

LARRY GOLDBERG

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

600 NE 33RD STREET

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

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

Larry Goldberg

Date

4/20/07

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
P	GOLDBERG, LARRY	600 NE 33RD ST.	POMPANO BEACH, FL 33064

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry B Goldberg

4/20/07

954-942-2937

CR2E081 (1/0/02)

4/20/07 *AGWR*

Dear Sirs

Our company was affected by Hurricane Wilma & During the reworking of our business we misplaced a lot of papers.

We are submitting the reinstatement forms & a check \$150.00.

We would appreciate the reinstatement of our corporation

Thank you

TER LAR, INC
LARRY GOLDBERG
600 N.E. 33rd STREET

Larry Goldberg