

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

TAMIAMI FINA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,650.00

RH

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072370

1. Corporation Name
TAMIAMI FINA, INC.

2. Principal Office Address - No P.O. Box #
2990 N.W. 24TH ST.

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip
33142

County

Zip
County

7. Name and Address of Current Registered Agent

Name
DANNY FLORES

Street Address (P.O. Box Number is Not Acceptable)
2990 N.W. 24TH ST.

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33142

4. Date Incorporated or Qualified To Do Business in Florida
08/21/1997

5. FEI Number
85-0762392

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED 1.75 Additional fee required for Certificate of Status.

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 807.0609 or 817.0503, F.S.

Signature of Registered Agent *Danny Flores* Date _____
REGISTERED AGENT MUST SIGN

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
D	DANNY FLORES	2990 N.W. 24TH ST.	MIAMI, FL 33142

REINSTATEMENT **RH**

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 807 or 817, 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 807.0401 or 817.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 115, 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: *Danny Flores* **04/**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #