

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 17 AM 11:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03

DOCUMENT # 997000082142

1. Corporation Name

TASHBAR ENTERPRISES INC

2. Principal Office Address

4650 Mount Pleasant Ave

Suite, Apt. #, etc.

City & State

Grant FL

Zip

32949

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

P.O. BOX 587

City & State

Grant - Florida

Zip

32949

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-23-97

5. FEI Number

593468956

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

Andrew Gregory Tashbar

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

4650 Mount Pleasant Ave

Suite, Apt. #, Etc.

City

Grant

State

FL

Zip Code

32949

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

[Signature] President

Date 10-12-03

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
PRST	Andrew Gregory Tashbar	4650 Mount Pleasant Ave	Grant FL 32949

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-03 321-9605121

Date

Daytime Phone #

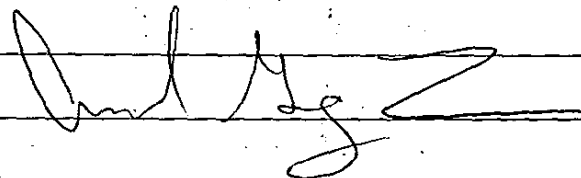
21 10/21

10-12-03

To whom it may concern:

I did not receive
the UBR form for 2003.
Please waive the late fee.
Thanks you.

Sincerely,

 President

Andrew Gregory Tashbar