

APPROVED  
AND  
FILED

001

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 MAR 18 AM 9:17

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000001132

1. Corporation Name

TAFT PROPERTY INVESTMENTS, INC.

2. Principal Office Address - No P.O. Box #

1725 N 16th AVE.

Suite, Apt. #, etc.

MANAGER'S OFFICE

City &amp; State

HOLLYWOOD, FLORIDA

Zip

33020

Country

USA

3. Mailing Office Address

1725 N 16th AVE.

Suite, Apt. #, etc.

MANAGER'S OFFICE

City &amp; State

HOLLYWOOD, FLORIDA

Zip

33020

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/06/1998

5. FEI Number

650810183

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

TEOFIL TAUT

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

1725 N 16th AVE.

Suite, Apt. #, Etc.

MANAGER'S OFFICE

City

HOLLYWOOD

State

FL

Zip Code

33020

☒ 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 section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

T Taut

Date 03/17/2008

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, VP, S	TEOFIL TAUT	1725 N 16th AVE.	HOLLYWOOD, FL. 33020

600121254506  
03/25/08--01055--015 \*\*750.00

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 contained in Chapter 119, 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:

T Taut

TEOFIL TAUT

03/17/2008

773-510-3608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 0408