

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**  
*94-02UBR*

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000006826**

1. Corporation Name  
**TARAS- MAK PRODUCTIONS, INC.**

2. Principal Office Address  
**1815 EDWIN BLVD**

3. Mailing Office Address  
**1815 EDWIN BLVD**

Suite, Apt. #, etc.

City & State  
**WINTER PARK, FL**

City & State  
**WINTER PARK, FL**

Zip  
**32789**

Country  
**USA**

Zip  
**32789**

Country  
**USA**

*1012*  
**FILED**  
**02 FEB -4 AM 9:21**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**300004960513--9**  
**-02/20/02--01045--011**  
**\*\*\*\*600.00 \*\*\*\*600.00**

*94-02UBR*

4. Date Incorporated or Qualified To Do Business in Florida  
**1-20-98**

5. FEI Number  
**65-0805820**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name  
**MARC ALBERT MCMURRAIN**

Street Address (P.O. Box Number is Not Acceptable)  
**1815 EDWIN BLVD**

Suite, Apt. #, Etc.

City  
**WINTER PARK**

State  
**FL**

Zip Code  
**32789**

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]* Date **1-29-01**

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	ROGER G. MCMURRAIN	2809 - REVERE COURT.	CASSELBERRY, FL 32707
VPT	MARC A. MCMURRAIN	1815 EDWIN BLVD	WINTER PARK, FL 32789
VP	NOEL E. ESCOBAR	4420 S.W. 77 ave	DAVIE, FL 33328
S	MATTHEW MCMURRAIN	2809 REVERE COURT	CASSELBERRY, FL 32707

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)(l), 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

*[Signature]*  
**ROGER G. MCMURRAIN**  
**PRESIDENT**

**1-29-01**

Date

Daytime Phone #

**1-407-672-0460**

CR2E081 (9/01)

2012

**TARAS-MAK PRODUCTIONS, INC**  
**1815 EDWIN BLVD**  
**WINTER PARK, FLORIDA 32789**  
  
**PHONE (407) 672-0460**

January 29, 2002

Division of Corporations  
Annual Reports Section  
Reinstatement Section  
409 East Gaines Street  
Tallahassee, Florida 32399

Gentlemen;

In RE: TARAS-MAK PRODUCTIONS, INC  
REINSTATEMENT -Uniform Business Report Document P98000006826.

I met with my accountant today and he found that I had not renewed my Uniform Business Reports since 1999 with you; I never received the annual report form application. Please find enclosed a check for \$ 600.00 and my reinstatement form.

Please abate any penalties you may impose.

Sincerely Yours,

  
Roger G. Mc Murrin  
Company President