

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 16 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000009506**

1. Corporation Name

TAMAR CONSULTING CORP

2. Principal Office Address

170 OCEAN LANE

Suite, Apt. #, etc.

APT 305

City & State

KEY BISCAYNE, FL

Zip

33149

Country

US

3. Mailing Office Address

PO BOX 347102

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33234

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0810276

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

RAFAEL DOUARGAVES

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

170 OCEAN LANE DR.

Suite, Apt. #, Etc.

APT. 305

City

KEY BISCAYNE

State

FL

Zip Code

33149

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

REGISTERED AGENT MUST SIGN

Date **Jun/12/2000**

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/S	JOSEPH BOUHADANA	170 OCEAN LANE DR. 305	Key Biscayne, FL, 33149
V/T	RAFAEL DOUARGAVES	170 OCEAN LANE DR. 305	Key Biscayne, FL, 33149

REINSTATEMENT 99-0075

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:

RAFAEL DOUARGAVES

Jun/12/2000

(305) 7744130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)