

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 DEC 30 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000055858

1. Corporation Name

TARIK & ASSOCIATES INC.

Principal Place of Business

Mailing Address

935 MAIN ST. SUITE D-4
SAFETY HARBOR FL 34695

935 MAIN ST. SUITE D-4
SAFETY HARBOR FL 34695



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2959 Alafaya Tr.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
121

4. Date Incorporated or Qualified To Do Business in Florida

06/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3517452

Applied For

Not Applicable

City & State

City & State

City & State

Zip

County

Zip

Country

Zip

County

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	TARIK H CHOUDHURY	2959 ALAFAYA TRAIL Suite 121	OVIEDO, FL 32765-9482
			100003096681--5 -01/12/00--01095--003 ****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHOUDHURY, TARIK
935 MAIN ST. SUITE D-4
SAFETY HARBOR FL 34695

Name

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

2959 ALAFAYA TRAIL

Suite, Apt. #, Etc.

121

City

OVIEDO

State

FL

Zip Code

32765

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/9/99

11. 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/9/99

Daytime Phone #

407-366-7399