

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

02 DEC 23 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

P98000083883

1. Corporation Name

TANIA ENTERPRISE CORP.

2. Principal Office Address

10340 W FLAGLER ST

Suite, Apt. #, etc.

REAR

City & State

MIAMI, FL

Zip

33174

Country

3. Mailing Office Address

10340 W FLAGLER ST

Suite, Apt. #, etc.

REAR

City & State

MIAMI, FL

Zip

33174

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1998

5. FEI Number

65-0867977

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$9.75 Additional Fee required
for a Certificate of Status

02 UBR

1/2/03 01038 027 150.00

7. Name and Address of Current Registered Agent

Name

JULIA RODRIGUEZ

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

10340 W FLAGLER ST

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33174

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 12/20/2002

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/D	JULIA RODRIGUEZ	10340 W FLAGLER ST	MIAMI, FL 33174

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

12/20/2002

Date

Daytime Phone #

CR2681 (8/01)