

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 JAN 26 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000098652

1. Corporation Name

TAMAYO CORPORATION

2. Principal Office Address

3954 CURTISS PARKWAY

Suite, Apt. #, etc.

City & State

VIRGINIA GARDENS, FL

Zip

33166

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

SP

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0879064

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

ROLANDO CABRAL

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

3954 CURTISS PARKWAY

Suite, Apt. #, Etc.

City

VIRGINIA GARDENS

100003120851 - 4

-02/02/00--01062--010

*****500.00 *****500.00

100003120851 - 4

-02/02/00--01062--011

State *****488.73 *****488.73

FL 33166

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 1-10-00

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
VP	ROLANDO CABRAL	3954 Curtiss Parkway	Virginia Gardens, Fl. 33166
P	OSCAR COLLAO	3954 Curtiss Parkway	Virginia Garden, Fl. 33166
			100003120851 - 4 -02/02/00--01062--012 *****0.02 *****0.02

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-00

Daytime Phone #

(850) 871-5880

CR2E081 (9/99)