

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JAN 22 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000054862

1. Corporation Name
TAMAJIN ENTERPRISES, INC

2. Principal Office Address - No P.O. Box #
617 37th STREET

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH

Zip
33407

Country

Zip
33407

Country

4. Date Incorporated or Qualified
To Do Business in Florida 6/14/99

5. FEI Number
650937363

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
THEODORA BECKETT

Street Address (P.O. Box Number is Not Acceptable)
617 37th STREET

Suite, Apt. #, Etc.

City
West Palm Bch

State
FL

Zip Code
33407

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. \$600.00

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
Theodora Beckett

Date 1-16-08

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	Theodora Beckett	617 37th Street	West Plm Bch. FL 33407

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 contained in Chapter 119, 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: Theodora Beckett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08

Date

561-841-0664

Daytime Phone #

Mitchell JAN 22 2008