

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT



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

FILED

01 MAR 12 AM 10:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000071155**

1. Corporation Name

TAH, INC.
~~TAH~~

2. Principal Office Address

450 34th ST. PETE. ST. N.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETE. FL.

City & State

Zip

33714

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59,3594011

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

600003887736--5

-03/20/01--01029--093

****300.00 ****\$10.00

7. Name and Address of Current Registered Agent

Name

SAM SALET

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

110 S. MANHATTAN AVE.

Suite, Apt. #, Etc.

#64

City

TAMPA

State

FL

Zip Code

33609

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

2/7/01

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	TAREK SAID	7200 21ST STREET N.	ST. PETE., FL. 33712
PD	ABED N. ALQUTUB	2503 IRENE ST. #2	WATZ, FL. 33549

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

2-6-01 727-520-9810

Daytime Phone #

CR2E081 (9/00)