

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000077565

1. Entity Name  
T.A.S. INVESTMENT CORPORATION



FILED  
05 MAR 28 PM 3: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
10750 NORTH BAY ROAD  
UNIT 1103  
SUNNY ISLES BEACH, FL 33160

Mailing Address  
10750 NORTH BAY ROAD  
UNIT 1103  
SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business  
17050 N Bay Road

3. Mailing Address  
2742 Biscayne Blvd.

Suite, Apt. #, etc.  
1103

Suite, Apt. #, etc.

03232005 REIN-P CR2E098 (6/04)

City & State  
Sunny Isles Beach FL

City & State  
Miami FL

4. FEI Number  
65-0949160

Zip  
33160

Country  
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROUSSO, MARK E ESQ  
2875 NE 191 STREET, PH3A  
AVENTURA, FL 33180

Name Juan Martin Cadenazzi  
Street Address (P.O. Box Number is Not Acceptable)  
17050 N Bay Road Suite 1103  
City Sunny Isles Beach FL Zip Code 33160

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Juan Martin Cadenazzi PDT 3-23-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PDT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CADENAZZI, JUAN MARTIN			NAME			
STREET ADDRESS	17050 N BAY ROAD #1103			STREET ADDRESS	300050510053		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160			CITY-ST-ZIP	04/12/05--01008--017 ***300.00		
TITLE	VDS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAZOS, PABLO EDGARDO			NAME			
STREET ADDRESS	17050 N BAY ROAD #1103			STREET ADDRESS			
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juan Martin Cadenazzi 3-23-05 305-573-6640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #