


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000087425

1. Corporation Name

TARA FOODS, INC.

2. Principal Office Address - No P.O. Box #

515 S. BELCHER ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

515 S. BELCHER ROAD

Suite, Apt. #, etc.

City & State

CLEARWATER

City & State

CLEARWATER

Zip

33764

Country

PINELLAS

Zip

33764

Country

PINELLAS

7. Name and Address of Current Registered Agent

Name

BRYAN MCCABE

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

5412 MERKIN PLACE

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34655

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 3/17/10

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
D	B MCCABE	5412 MERKIN PLACE	NEW PORT RICHEY, FL 34655

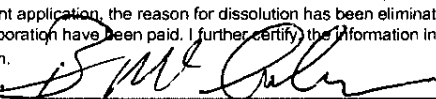
10. E-mail Address:

BRIANSMCCABE@HOTMAIL.COM

(To be used for future annual report notification)

11. 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. I further certify 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

3/17/10

Date

Daytime Phone #

FILED

10 MAY 26 AM 10:29

FLORIDA DEPARTMENT OF STATE  
ALLAHASSEE, FLORIDA

REINSTATEMENT

800174532368  
04/05/10--01066--012 \*\*150.00

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida 09/30/99

5. FEI Number  
59-3601122

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

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05/26/10--01007--002 \*\*335.00