PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

7. Name and Address of Current Registered Agent PINELLAS 7. Name and Address of Current Registered Agent PREVAN MCCABE Street Address (P.O. Surface) Street Address (P.O. Surface) Surface Agent (P.E. Surface) City NEW PORT RICHEY 8. 1, being appointed the registered agent (P.E. Surface) 8. 1, being appointed the registered agent (P.E. Surface) Registered Agent PRESISTERE DAGENT MUST SIGN 10. B MCCABE 10. B	~_`CORI REINS	PORATI STATEM			S	DEPART ecretary SION OF C	y of S		Ε		10 MAY 26 AH	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 5 15 S. BELCHER ROAD 515 S. BELCHER										ALLAHASSEE, FLORIDA		
2. Principal Office Address - No P.O. Box # 515 S. BELCHER ROAD Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State CLEARWATER CLEARWATER CLEARWATER CLEARWATER CLORITY 33.764 PINELLAS 7. Name and Address of Current Registered Agent Name BRYAN MCCABE The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, yet the prior notices were not received and requesting the reinstatement fee be waived. Signature of City A State City A State Country 33.764 PINELLAS 7. Name and Address of Current Registered Agent Name BRYAN MCCABE Street Address (P.O. Box Number is Not Acceptable) 54.12 MERKIN PLACE State Agent A Fitc. City New PORT RICHEY 8. I. being appointed the registered agent of the State Agent Must state Registered Agent Agent Agent Agent Agent PLACE D B MCCABE 51. State Agent	TARA FOODS, INC.									REI	NSTATE	MENT 3
CLEARWATER CLEARWATER CLEARWATER CLEARWATER CLEARWATER CLEARWATER CLEARWATER CLEARWATER Sp-3601122 Sp-3601122 The country Sp-3601122 The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices were not received and requesting the reinstatement fee be waived. Signature of J. F. Either Port and the registered agent of the registered agen	515 S. BELCHER ROAD 515 S. E						BELCHER ROAD			04/05/1001066012 **150.00		
33764 PINELLAS 33764 PINELLAS OCERTIFICATE OF STATUS DESIRED SAND ADJUST For require the prior of confidence of Status DESIRED SAND ADJUST For POWER ADJUST STATUS DESIRED SAND ADJUST SAND ADJUST STATUS DESIRED SAND ADJUST SAN	_		· ·			To Do Business in Florida 09/30/99 5. FEI Number Applied For						
BRYAN MCCABE Street Address (P.O. Box Number is Not Acceptable) 5. Use (P.D. Box Number is Not Acceptable) 6. Use (P.D. Box Number is Not Acceptable) 7. Number of (P.D. Box Number is Not Acceptable) 7. Number of (P.D. Box Number is Not Number is Not Acceptable) 7. Number of (P.D. Box Number is Not Number is Not Acceptable) 7. Number of (P.D. Box Number is		·			1	1 -		•		6. \$8.75 Additional Fee required		
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 Register	Name BRYAN MCCABE Street Address (P.O. Box Number is Not Acceptable) 5412 MERKIN PLACE Sulte. Apt. #, Etc. City State Zip Code									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.		
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: Drians Meen East Director (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 filling 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) be information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under cath	Signature of	7	register	- (5	TVL	<u>J</u>	<u> </u>	with and accept th	he ot		on 607.0505 or 617.0503, F.S	
D BMCCABE 5412 MERKIN PLACE NEW PORT RICHEY, FL 34655 10. E-mail Address: 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 settify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under path	9. Names a	and Street Ad	Idresses		l/or Director (Flo	ida nonpro		· · · · · · · · · · · · · · · · · · ·			<u> </u>	
10. E-mail Address: Drians MECABE (a) Wo Mail (c)M (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 817. F.S. I further certify that when filling 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 entify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under nath		Officers and/or Directors									City / Star	te / Zıp
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SIGNATURE 3/17/10 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Desyttime Phone #	this reinst owed by t made und	tatement app the corporation der oath.	lication.	the reason for disso een paid. I further	lution has been e ertify) the inform	powered to eliminated, ation indica	execute the corp ated on t	e this application orate name satis his application is	as po efies t true	rovided for in cha he requirements and accurate, an	of section 607.0401 or 617.040 d my signature shall have the s 3/17/10	01, F.S., that all fees same legal effect as if