

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

02 APR 24 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **TADROS INC**

1. Corporation Name

**P99000091847**

2. Principal Office Address

**1799 Water Beach CT**

Suite, Apt. #, etc.

**1**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Apopka FL**

City & State

Zip

Country

**32703 ORANGE**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**2000 1999**

5. FEI Number

**59-3604347**

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

**SALIM A. TADROS -**

**300005393003--5**

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

**1799. water Beach CT**

Suite, Apt. #, Etc.

**Apopka FL**

City

State

**FL**

Zip Code

**32703 -**

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

**Salim A. Tadros**

REGISTERED AGENT MUST SIGN

Date

**4.22.2002**

**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
<b>Pres.</b>	<b>Salim TADROS</b>	<b>1799. water Beach CT.</b>	<b>Apopka FL 32703</b>
<b>Vice Pres.</b>	<b>-</b>		
<b>Off.</b>	<b>-</b>		

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:

**Salim A. Tadros**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4.22.2002**

Daytime Phone #

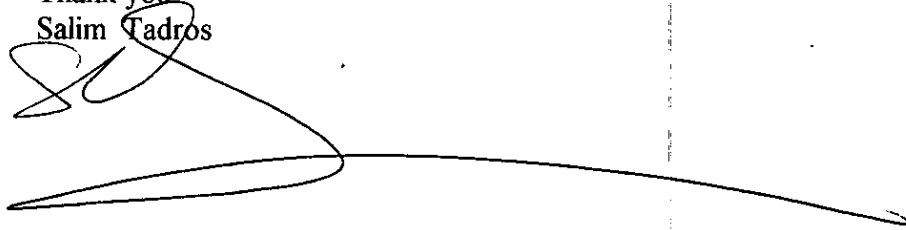
**407 310-0122**

FROM TADROS INC.

PRESIDENT: SALIM TADROS  
1799 WATERBEACH COURT APOPKA FL 32703  
TEL 407-310-0122

TADROS INC. did not receive any reinstatement letter therefore my corporation was  
desolved in year 2000. you should have the information on file.

Thank you  
Salim Tadros

A large, stylized handwritten signature in black ink, starting with a loop and extending horizontally across the page.