

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 SEP 25 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000104905

1. Corporation Name

TASHMAR TRUSTEE, INC

2. Principal Office Address

835 NW 72 STREET

Suite, Apt. #, etc.

A

City & State

MIAMI

Zip

Country

3. Mailing Office Address

835 NW 72 STREET

Suite, Apt. #, etc.

A

City & State

Fla.

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1091791

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

Iglesias, NANCY

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

835 NW 72 ST.

Suite, Apt. #, Etc.

A

City

MIAMI

State

FL

Zip Code

33150

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]*

REGISTERED AGENT MUST SIGN

Date 9-23-06

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
	Iglesias, Nancy Director	835 NW 72 ST.	Miami Fl. 33150
	Ameiro, Marcus	835 NW 72 ST.	Miami Fl. 33150

9/26

900080144349  
09/25/06--01039--015 \*\*450.00

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 contained in Chapter 119, 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]* NANCY IGLESIAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-23-06 305-6934633

Daytime Phone #

## **Tashmar Trustee, Inc.**

835 "A" N.W. 72<sup>nd</sup> Street • Miami, Florida 33150  
Phone (305) 693-4633 Fax (305) 693-4685

September 23, 2006

Division of Corporation  
P.O. BOX 6327  
Tallahassee, Florida 32314

Re: P99000104905  
Tashmar Trustee, Inc.

To Whom It May Concern:

Please be advised that I did not receive the notice for my corporation yearly report. I am enclosing a money order for the reinstatement of the above captioned corporation. I will appreciate if you could please waive the reinstatement fee.

Your kind cooperation in this matter will be greatly appreciated.

Sincerely yours,



Nancy Iglesias  
835 "A" N.W. 72<sup>nd</sup> Street  
Miami, Florida 33150