

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

TASHMAR TRUSTEE, INC.

2. Principal Office Address

835 N.W. 72 Street

Suite, Apt. #, etc.

N/A

City & State

Miami, Florida

Zip

33150

Country

U.S.A.

3. Mailing Office Address

835 N.W. 72 Street

Suite, Apt. #, etc.

N/A

City & State

Miami, Florida

Zip

33150

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1999

5. FEI Number

65-1091791

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Iglesias, Nancy

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

835 N.W. 72 Street

Suite, Apt. #, Etc.

N/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

Date 11/20/2002

REGISTERED AGENT MUST SIGN

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	Iglesias, Nancy	835 N.W. 72 Street	Miami, Florida 33150
D	Ameneiro, Marcus	835 N.W. 72 Street	Miami, Florida 33150

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/2002

Date

305-893-4633

Daytime Phone #

222

December 9, 2002

Williams, M.

**Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314
850-245-6017 Fax**

Ref: P99000104905

To Whom It May Concern:

Attached I am sending you a copy of both documents that I received in the mail today.

Further, I would like to inform you that I did not receive the first or second notice for the years of 2000, 2001, 2002.

Your help and cooperation is greatly appreciated. You where very helpful, responsive, and concerned today when we spoke over the phone, and I am great full for your help.


**Nancy Iglesias
Director of Tashmar Trustee, Inc.**

**Tashmar Trustee, Inc.
835 N.W. 72 St.
Miami, FL 33150**

**305-693-4633
305-693-4685 Fax**