

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000029696

1. Corporation Name

TIGER FINANCIAL NEWS NETWORK, INC.

**FILED**

09 DEC 31 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300164088553  
12/31/09--01054--013 \*\*1800.00

CR2E081 (11/09)

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

601 CLEVELAND ST

Suite, Apt. #, etc.

SUITE 618

City & State

CLEARWATER

Zip

33755

Country

USA

3. Mailing Office Address

601 CLEVELAND ST

Suite, Apt. #, etc.

SUITE 618

City & State

CLEARWATER

Zip

33755

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/20/2000

5. FEI Number  
59-3634472

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

EDMUND T O'BRIEN

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

601 CLEVELAND ST

Suite, Apt. #, Etc.

SUITE 618

City

CLEARWATER

State

FL

Zip Code

33755

☐ 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.

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 12/30/2009

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
PTSD	EDMUND T O'BRIEN	601 CLEVELAND ST, #618	CLEARWATER, FL 33755

REINSTATEMENT

RH

10. E-mail Address: OB1@TFNN.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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

12/30/2009 727-467-9190

Date

Daytime Phone #