

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 13 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Tango Incorporated

reference # - P97000004369

000040161760  
08/13/04--01017--001 \*\*908.75

2. Principal Office Address

18055A NE San Rafael st

Suite, Apt. #, etc.

City & State

Portland, Oregon

Zip

97230

Country

USA

3. Mailing Office Address

18055A NE San Rafael St.

Suite, Apt. #, etc.

City & State

Portland, Oregon

Zip

97230

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/15/97

5. FEI Number

980198225

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

Jeffrey Klein

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

~~2101 Corporate Boulevard~~ 2600 N Military TRAIL ~~Suite~~

Suite, Apt. #, Etc.

~~Suite 444~~

Suite 270

City

Boca Raton

State

FL

Zip Code

33431

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

*Jeffrey Klein*  
REGISTERED AGENT MUST SIGN

Date

8/9/04

**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
COO	Todd Violette	620-304 8th Ave SW	Calgary, Alberta, T2P 1C1, Canada
CEO	Sameer Hirji	620-304 8th Ave SW	Calgary, Alberta, T2P 1C1, Canada

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:

*Sameer Hirji*

SAMEER HIRJI

August 3, 2004

(403) 209-4175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)