

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 OCT 30 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002522

1. Corporation Name

TAME Information Solutions, Inc.

REINSTATEMENT 95-02

600008699606
10/30/02--01069--013 **1808.75

2. Principal Office Address 6013 Roberta Circle		3. Mailing Office Address 6013 Roberta Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa	
Zip 33604-6849	Country Hillsborough	Zip 33604-6849	Country Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida - 4/1/1994	
5. FEI Number 59-3236326	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name James Mason		
Street Address (P.O. Box Number is Not Acceptable) 6013 Roberta Circle		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33604-6849

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: James Mason Date: 10/29/2002
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
Treas	James Mason	6013 Roberta Circle	Tampa, FL 33604-6849
Pres.	Jason Burr	6013 Roberta Circle	Tampa, FL 33604-6849

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: James Mason JAMES MASON Date: 10/29/2002 Daytime Phone #: 813 238 2957

CR2E061 (9/01)

js 11/6/02