

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 ☒

\$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

REGISTERED AGENT MUST SIGN

Date 10/29/2002

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 #

gs 11/6/02

CR2E081 (9/01)