

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 DEC 14 PM 7:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J48810

1. Corporation Name

Tangent Investment, Inc.

97-99
AR

Principal Place of Business

**110 Riverbend Road
P.O. Box 1139
Welaka, FL 32193**

Mailing Address

**P.O. Box 1139
Jacksonville, FL 32277**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
P.O. Box 1139

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/86

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2747835

Applied For

Not Applicable

City & State

City & State

Welaka, FL

Zip

Country

Zip

Country

32193

6. CERTIFICATE OF STATUS DESIRED ☒ ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Jinks, James H. Jr.	110 Riverbend Road	Welaka, FL 32193
VS TD	Jinks, Robbie L.	110 Riverbend Road	Welaka, FL 32193

4000003092174--2

-01/07/00-01083-018

****473.75 ****473.75

[Handwritten Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Jinks, Robbie L.
3619 Heathwood Court
Jacksonville, Florida 32277**

Name

Robbie L. Jinks

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

110 Riverbend Road

Suite, Apt. #, Etc.

City

Welaka

State

FL

Zip Code

32193

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Handwritten Signature: Robbie L. Jinks]
Robbie L. Jinks REGISTERED AGENT MUST SIGN

Date

7/19/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

[Handwritten Signature: Robbie L. Jinks]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robbie L. Jinks, Vice President

7/19/99 **904-467-8430**
Date Daytime Phone #