

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000013354

1. Corporation Name

TAVA, Inc

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

77 S. Birch Rd

Suite, Apt. #, etc.

10C

City & State

Ft. Lauderdale FL

Zip

33316

Country

Broward

3. Mailing Office Address

3032 E. Commercial Blvd

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

Zip

33308

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

2-8-00

5. FEI Number

65-0978956

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

Tonda MANDINA AUGLIN

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

77 S. Birch Rd 1000

Suite, Apt. #, Etc.

10C

City

Fort Lauderdale

State

FL

Zip Code

33316

☐ 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

REGISTERED AGENT MUST SIGN

Date 12-9-08

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
P	Tonda MANDINA AUGLIN	77 S. Birch Rd 10C	Ft. Lauderdale FL 33316

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-9-08 9547634327

FILED

08 DEC -9 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

900138738409

12/09/08--01024-012 **1800.00