

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 JUL 22 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000013354

1. Corporation Name

TAVA, INC

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

77 S. Birch Rd PHN

3. Mailing Office Address

77 S Birch Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33316

Country

US

Zip

33316

Country

US

900370396349

07/21/21--01018--004 **1350.00

CR2E031 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2000

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 K. ANGLIN

Street Address (P.O. Box Number is Not Acceptable)
77 S. Birch Rd

Suite, Apt. #, Etc.
PHN

City Fort Lauderdale

State
FL

Zip Code
33316

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7-20-2021

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
<u>P</u>	<u>Tonda K ANGLIN</u>	<u>77 S Birch Rd PHN</u>	<u>Fort Lauderdale FL 33316</u>

10. E-mail Address: cgifll@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-2021 9544656366

Date

Daytime Phone #