

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY 25 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P000000 46499*

1. Corporation Name

*Tiger Trim, Inc.*

600036992816  
05/21/04--01046--006 \*\*300.00

**REINSTATEMENT**

*03-04*

2. Principal Office Address

*771 3rd St. SW*

3. Mailing Office Address

*771 3rd St SW*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Naples FL*

City & State

*Naples, FL*

Zip

*34117*

Country

*USA*

Zip

*34117*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*5-8-2000*

5. FEI Number

*59-3648349*

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

*Fernando S. Godoy*

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

*771 3rd St SW*

Suite, Apt. #, Etc.

City

*Naples*

State

*FL*

Zip Code

*34117*

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

*Fernando S. Godoy*

Date

*05-19-04*

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
<i>P/S/H/A</i>	<i>Fernando S. Godoy</i>	<i>771 3rd St SW</i>	<i>Naples FL 34117</i>

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:

*Fernando S. Godoy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*05-19-04 239-7077224*

Daytime Phone #

CR2E081 (01/04)

2 of 2

Tiger Trim, Inc.  
771 3<sup>rd</sup> Street SW  
Naples, FL 34117

May 20<sup>th</sup>, 2004

Dept of State  
Division of Corp  
PO Box 6327  
Tallahassee, FL 32314

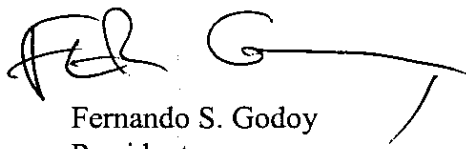
RE: Corporation admin dissolution for annual report

Dear DOS:

It was brought to our attention recently that our Corporation was dissolved for non filing of UBR.. We never received the UBR form to file the report. We went online and downloaded the form to request reinstatement. Our address changed and we never received notice.

We are enclosing a check in the amount of \$300.00, fee for 2003 and 2004. Please accept this payment and consider waving the reinstatement fee off \$600 under these circumstances.

Sincerely,



Fernando S. Godoy  
President  
Tiger Trim, Inc.