PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 MAY -4 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000059652

REINSTATEMENT 0305

1. Corporation Name
TAMYGO CORPORATION

2. Principal Office Address	**3.** Mailing Office Address
8201 LOS PINOS CIR	8201 Los Pinos Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FLORIDA	City & State: Miami, FL
Zip: 33143 Country: USA	Zip: 33143 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 6/20/2000

5. FEI Number: 65-1018452 ☐ 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: Alvaro Castillo B., P.A.

Street Address (P.O. Box Number is Not Acceptable): 1390 Brickell Avenue

100054727571
05/18/05--01023--002 **1050.00

Suite, Apt. #, Etc.: Suite 200

City: Miami | State: FL | Zip Code: 33131

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: _____ Date: 5-1-05
REGISTERED AGENT MUST SIGN

CR2E041 (01/05)

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
D	Gonzalo Hevia	8201 Los Pinos Cir.	Miami, FL 33143
D	Maria Teresa Hevia	8201 Los Pinos Cir.	Miami, FL 33143

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: _____ 5-1-05 (305) 371-5540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #