

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 13 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000114552

1. Corporation Name

TIGER INTERNATIONAL GROUP INC

2. Principal Office Address

7925 N.W. 12TH ST.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 112

Suite, Apt. #, etc.

✓

City & State

MIAMI, FL.

City & State

✓

Zip

33126

Country

USA-DARE

Zip

✓

Country

✓

4. Date Incorporated or Qualified
To Do Business in Florida

DEC. 14, 2000

5. FEI Number

65-1071298

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

JORGE I. ALVEAR

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

1540 MERCADO AVE

Suite, Apt. #, Etc.

CORAL GABLES, FL

City

State

FL

Zip Code

33146

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 FEB 06, 2003

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
SECY TREAS.	PEDRO VIAL DE RUYT,	1540 MERCADO AVE	CORAL GABLES, FL. (33146)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(JORGE I. ALVEAR) 02/06/03 (305) 593-8513

2/2/17