

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

Reinstate next



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 19 AM 3:51

DOCUMENT # P01000033837

1. Corporation Name

Tangible Financial Services, Inc.

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

220 Cumberland Circle W

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32779

Country

USA

3. Mailing Office Address

220 Cumberland Circle W

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32779

Country

USA

400202591034
04/19/11--01018--011 **158.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4/03/01

5. FEI Number

593731583

☐ 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

NRAI Services, Inc.

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

515 E. Park Ave

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

400202591034
03/02/11--01040--002 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or 617.0303 F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/28/11

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
Pres.	Betty Beardsley	220 Cumberland Circle W.	Longwood, FL 32779
Sec	Kyle R. Weems	744 McCallie Ave, STE 520	Chattanooga, TN 37403

10. E-mail Address: weemslaw@earthlink.net

(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

Date

Daytime Phone #

2/28/2011

423-624-1000