

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUN 30 AM 11:35


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT  
W/O PENALTY  
2004-2008  
CRG  
2/1/08

900130725009  
06/04/08--01015--011 \*\*750.00

CR2E081 (12/07)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000115319

1. Corporation Name

Tangerine Inc.

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

1001 SE 6th St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

City & State

Zip

Country

33301 Broward

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/02/2001

5. FEI Number

65-1157895

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

Catesby Jones

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

1001 SE 6th St

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33301

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

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
P	Catesby Jones	1001 SE 6th St	Ft. Lauderdale, FL
VP	Lisa Wall-Jones	1001 SE 6th St.	Ft. Lauderdale, FL 33301

REINSTATEMENT 04-08

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 contained in Chapter 119, 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

CATESBY JONES

5/29/08

Date

954.465.3965

Daytime Phone #