

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -4 PM 12:19

DOCUMENT # P02000044441

1. Corporation Name

TYRRELLIAN, INC.

2. Principal Office Address

10172 NW 31st Court

Suite, Apt. #, etc.

City & State

Sunrise, Florida

Zip

33351

Country

USA

3. Mailing Office Address

10172 NW 31st Court

Suite, Apt. #, etc.

City & State

Sunrise, Florida

Zip

33351

Country

USA

800025428038
12/11/03--01064--004 **158.75

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 24, 2002

5. FEI Number

03-0430804

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

Carman and Smith, P.A.

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

165 E. Palmetto Park Road

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

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

Deborah Smith

Date

12/3/03

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
PTD	Tyrrell, David J.	10172 NW 31st Court	Sunrise, FL 33351
VSD	Tyrrell, Katia	10172 NW 31st Court	Sunrise, FL 33351

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:

Katie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/3/03

Daytime Phone #

CR2E081 (10/02)

**TYRRELLIAN, INC.
10172 NW 31st Court
Sunrise, Florida 33351**

December 3, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

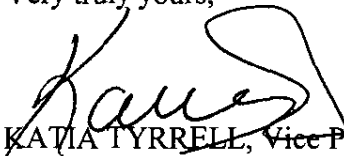
RE: TYRRELLIAN, INC.
Document #P02000044441

Dear Sir/Madam:

Please be advised that Tyrrellian, Inc. never received the Uniform Business Report from your office. Pursuant to your instructions we are now filing same and have been informed that the reinstatement fees will be waived.

Thank you for your courtesy and cooperation.

Very truly yours,


KATIA TYRRELL, Vice President
KT/st