

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 10 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000045529

1. Corporation Name

JEFF TYSON, INC.

2. Principal Office Address

8054 MATANZAS RD

3. Mailing Office Address

PO BOX 08298

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

FORT MYERS FL

Zip  
33912

Country  
US

Zip  
33912

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

03-0429501

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

SOUTHWEST PROFESSIONAL SERVICES OF S FL INC

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

13571 MCGREGOR BLVD #22

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33912

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 2/2/06

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	JEFF TYSON	PO BOX 08298	FORT MYERS FL 33912

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

2/2/06

Date

Daytime Phone #

***SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FLORIDA, INC.***

Business and Personal Income Tax Preparation \* Accounting Services \* Financial and Business Consulting

242 ✓

February 2, 2006

Florida Department of State  
PO Box 6327  
Tallahassee FL 32314

RE: Reinstatement of Jeff Tyson, Inc.  
P02000045529

Enclosed please find a check for the amount of \$450 for the annual report fees to reinstate the corporation. The taxpayer had moved during the years and did not receive the annual reports and did not realize that the fees were not paid until now.

Please reinstate the above corporation.

Thank you,



Mitchell Stovring, Acct.