

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

06 AUG 28 PM 2:21

DOCUMENT # P02000058228

1. Corporation Name

TINT WORLD USA, INC

2. Principal Office Address

22711 S.W. 114 Court

3. Mailing Office Address

22711 S.W. 114 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip
33170

Country
Miami-Dade

Zip
33170

Country
Miami-Dade

REINSTATEMENT 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/2002

5. FEI Number

04-3672884

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

Byron Jones

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

22711 S.W. 114 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33170

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

Byron Jones

REGISTERED AGENT MUST SIGN

Date

8/24/06

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/d	Byron Jones	22711 S.W. 114 Court	Miami, FL 33170
v/s	Jacqueline Henderson	22711 S.W. 114 Court	Miami, FL 33170

800079269938
08/30/06--01031--020 **\$08.75

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:

Byron Jones Byron Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/24/06

Daytime Phone #