

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary
DIVISION OF CORPORATIONS

FILED

08 DEC 18 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500137666835
12/18/08--01030--010 **\$375.00

500137666835
11/05/08--01020--020 **\$333.75

DOCUMENT # PO2000077178

1. Corporation Name

TYC Management, Inc.

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

1059 Hampstead LN

Suite, Apt. #, etc.

City & State

Ormond Beach FL

Zip

32174

Country

USA

3. Mailing Office Address

1059 Hampstead LN

Suite, Apt. #, etc.

City & State

Ormond Beach FL

Zip

32174

Country

USA

REINSTATEMENT 07-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/02

5. FEI Number

43-1971810

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

Thomas Y. Crowe

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

1059 Hampstead LN.

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/3/08

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	Thomas Y. Crowe	1059 Hampstead LN.	Ormond Beach, FL 32174

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] Thomas Y. Crowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/08

Date

386-212-6217

Daytime Phone #