

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR -9 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0200428249

**1. Corporation Name**

TYLERTAYE, INC.

**2. Principal Office Address**

7600 SUN VISTA WAY

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32822

Country

USA

**3. Mailing Office Address**

7600 SUN VISTA WAY

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32822

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 12/02/2002

**5. FEI Number**

371458461

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

MACY THU VAN

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

7600 SUN VISTA WAY

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32822

**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 04/02/04

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
PRES	Khang Pham	7600 Sun Vista Way	Orlando, FL 32822
VP	Macy Thu Van	7600 Sun Vista Way	Orlando, FL 32822

REINSTATEMENT 03-04

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/04 407 277 9555

Daytime Phone #

CR2E081 (01/04)