


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000012740			
1. Corporation Name Tiger Master INC.			
2. Principal Office Address 10835 SW 112ave		3. Mailing Office Address [Signature]	
Suite, Apt. #, etc. # 309		Suite, Apt. #, etc.	
City & State Miami FL		City & State	
Zip 33176	Country [Signature]	Zip	Country

FILED
05 MAR 25 AM 10:49
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 2/3/03	
5. FEI Number 54-1148958	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$3.75 Additional Fee required for a Certificate of Status</small>	

7. Name and Address of Current Registered Agent	
Name: Eduardo Gonzalez	
Street Address (P.O. Box Number is Not Acceptable): 10835 SW 112ave	
Suite, Apt. #, Etc.: #309	
City: Miami	State: FL Zip Code: 33176

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]	Date: 2/2/05
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	Eduardo Gonzalez	10835 SW 112ave #309	Miami, FL 33176
VP	Francisca Bulnes	[Signature]	
300049930663 04/05/05--01082--020 **300.00			
REINSTATEMENT 04-05			

10. I certify that I am an officer or director or the registered agent 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]	Date: 2/2/05 (86) 712 1380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	

CR2001 (01/05)

March 21, 2005

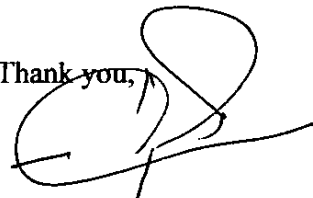
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32314

RE: Tiger Master Inc
Ref.Number:P03000012740

To Whom It May Concern:

We never received Annual Report. Please accept \$300.00 to put corporation current.

Thank you,

A handwritten signature in black ink, appearing to be 'Eduardo Gonzalez', written over the 'Thank you,' text.

Eduardo Gonzalez
Tiger Master Inc.
10835 SW 112 Ave
Apt 309
Miami, Florida 33176