


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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 SECRETARY OF STATE
 HALL BLDG. FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P03000075266
 1. Corporation Name
TNGP, INC.

2. Principal Office Address - No P.O. Box # 3337 N. Hullen Street		3. Mailing Office Address 3337 N. Hullen Street	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Metairie, LA		City & State Metairie, LA	
Zip 70002	Country USA	Zip 70002	Country USA

CR2#081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
July 9, 2003

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
 1200 South Pine Island Road

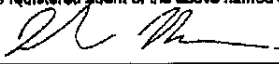
Suite, Apt. #, Etc.

City
 Planation

State
FL

Zip Code
 33324

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 **9/8/2016**

REGISTERED AGENT MUST SIGN **Jordan Brown-Asst. Secy**

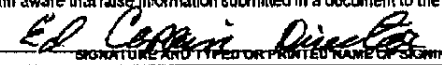
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
O	Edward Copain	1614 Kildeer Street	New Orleans, LA 70122
O	Gary N. Solomon	302 West William David Parkway	Metairie, LA 70005
			S. HAWKES
			SEP 12 AM
			EXAMINER

REINSTATEMENT
 2014-2016

10. E-mail Address: **kevin.serio@unishippers.com**
 (To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  **9-12-16** 608-827-7660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **KEVIN SERIO** DATE: **9-12-16** OFFICE PHONE #

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6384

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Fax Number : (850) 878-5368

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**CORPORATION REINSTATEMENT
TNGP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

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