## 2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							FIL	FD
DOCUMENT # P04000157753						05	חרד	~ <i>U</i>
Entity Name     TANLAN ENTERPRISES, INC.						(1,50	061 -6	All 9: 09
TANLAN ENTERFRISES, INC.						TALL	$hI_{G}$ .	J. 05
Bringing Place	o of Pusinger	Mailing Address	600 ME	<u> </u>	eler officer (1959)	بريء.	MASSEE	F OBLE
Principal Place of Business Mailing Address 483 SE LAKEVIEW DRIVE 483 SE LAKEVIEW DRIVE			R		led the	<u>()</u>	) ~VIIUA	
SEBRING, FL 33870 US SEBRING, FL 33870 US			JS		ر. در مطا	iojelie ()	5 1 65	91,3
2. Principal Place of Business 1841 Lakeview Dr- 1841 Lakeview Dr- 1841 Lake			Keriew	Dr.				
Suite, Apt. #, etc. Suite, Apt. #, etc.					10042005 REIN-P	CR2	E098 (6/04)	
City & State City & State			1F1	4	FEI Number	7391	Apı	plied For
Zip	Country	Sebring Zha	Country .	4			\$8.75 Addi	Applicable
3587	0 Highlands	33870	Highla	00	. Certificate of Status De		Fee Required	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Ann  Name								
WORRELL-SMITH, LORRIE 483 SE LAKEVIEW DR. Street Address					(P.O. Box Number is NoyAcceptable)			
SEBRING, FL 33870				Street Address (P.O. Box Number is NovAcceptable)				
		City	Sebring					
FL Zip Code 338								2820
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Soming Unallegueth Larrie Worsell-Smith								
Confrature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating)  DATE / O - S - S - S - S - S - S - S - S - S -								
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								
10.	OFFICERS AND		11,		ADDITIONS/CHANGES 1		·	
TITLE	P	☐ Defete	TITLE		rell-Smit	1 1		Addition
NAME STREET ADDRESS	WORRELL-SMITH, LORRIE 483 SE LAKEVIEW DRIVE		NAME STREET ADDRESS		1 Lakeview	,	_	
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP	Se	bring,		06852	
TITLE NAME	VP SMITH, DAVID J	☐ Delete	TITLE NAME	Sm	1 H, Davio	orive	Change	☐ Addition
STREET ADDRESS	483 SE LAKEVIEW DRIVE		STREET ADDRESS	[24	Lanevien		_	
CITY-ST-ZIP	SEBRING, FL 33870 SEC	□ P-1+-	CITY-ST-ZIP TITLE	Se	BYING	FLZ		☐ Addition
NAME	WORRELL-SMITH, LORRIE	☐ Delete	NAME		-rie Worrell		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	483 SE LAKEVIEW DRIVE SEBRING, FL 33870		STREET ADDRESS CITY-ST-ZIP	100		<u>~</u> 33	870	
TITLE	TREA	Delete	TITLE	Lari		11-5-14		Addition
NAME STREET ADORESS	WORRELL-SMITH, LORRIE 483 SE LAKEVIEW DRIVE		NAME STREET ADDRESS	184	11 Callow	Alew D	=	
CITY-SI-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		Sebrina	FL.	3870	<b>)</b>
TITLE NAME		☐ Delete	TITLE NAME		0		☐ Change	☐ Addition
STREET ADDRESS	<i>J</i>		STREET ADDRESS		<b>50006</b> 10/06/050	agags	<u> </u>	
CITY-ST-ZIP			CITY-ST-ZIP		10/06/05	1106301		
NAME		☐ Delete	TITLE NAME		•		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		-	STREET ADDRESS CITY-ST-ZIP					
12. I hereby	l certify that the information supplied with	this filing does not qualify for the	ne exemption stat	ed in Section	on 119.07(3)(i), Florida St	atutes. I further c	ertify that the in	formation
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
200 2011 AND 11- SILLE 200 200 2003-2013 W								
SIGNATURE: SGNATURE: SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #								

Lorrie Worrell-Smith