

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

17 FEB -2 PM 4:45

DOCUMENT # P050000068726

1. Corporation Name

TyLee Associates, Inc.

**REINSTATEMENT**

2016 - 2017

CR2E081 (11/10)

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

Same ↔

3. Mailing Office Address

322 Harbour Dr

Suite, Apt. #, etc.

#307-B ↔

Suite, Apt. #, etc.

1

City & State

Naples

City & State

FL

Zip

34103

Country

Collier

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5/11/2005

5. FEI Number

20-2819793

☐ 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

John Lunsford, President

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

322 Harbour Dr.

Suite, Apt. #, Etc.

#307-B

City

Naples

State

FL

Zip Code

34103

600295141756  
02/03/17--01021--025 \*\*317.50

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 1/31/2017

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.	John Lunsford	322 Harbour Dr. #307-B	Naples, FL 34103
V.P.	John Lunsford	<u>1</u>	<u>1</u>
Sec	John Lunsford	<u>1</u>	<u>1</u>
Treas.	John Lunsford	<u>1</u>	<u>1</u>
		ph # 706-346-0422	
			FEB 2 - 2017

10. E-mail Address: CaptainLunsford@aol.com

(To be used for future annual report notification)

M. WILLIAMS

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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2017

Date

706-346-0422

Daytime Phone #