

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000086441

1. Entity Name  
TYLER 1, INC.



FILED

2007 NOV -1 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4212 S. ATLANTIC AVE.  
WILBER BY THE SEA, FL 32127 US

Mailing Address  
4212 S. ATLANTIC AVE.  
WILBER BY THE SEA, FL 32127 US

2. Principal Place of Business - No P.O. Box #  
4940 S. Peninsula Dr.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Ponce Inlet, FL  
Zip  
32127

City & State  
FL  
Zip  
Country

10292007 REIN-P CR2E098 (1/07)

4. FEI Number  
20-3006814  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MAXWELL, DEAN  
4212 S. ATLANTIC AVE.  
WILBER BY THE SEA, FL 32127

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
4940 S. Peninsula Dr.  
City Ponce Inlet FL Zip Code 32127

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME P  
STREET ADDRESS  
CITY-ST-ZIP  
MAXWELL, DEAN  
4212 S. ATLANTIC AVE.  
WILBER BY THE SEA, FL 32127

TITLE  
NAME S,T  
STREET ADDRESS  
CITY-ST-ZIP  
SANDERS, MARGUERITE  
5993 S. RIDGEWOOD AVE.  
PT. ORANGE, FL 32127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4940 S. Peninsula Dr.  
Ponce Inlet FL 32127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/07

REINSTATEMENT  
2007