


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000146899 1. Entity Name TIGER TRANSPORT, INC.	
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FILED

2007 DEC 13 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12072007 REIN-P CR2E098 (1/07) **07**

Principal Place of Business 5208 LONGBOAT BLVD. EAST TAMPA, FL 33615 US		Mailing Address 5208 LONGBOAT BLVD. EAST TAMPA, FL 33615 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3421 W. CYPRESS ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TAMPA, FL	
Zip	Country	Zip 33607	Country USA

4. FEI Number 20-3765927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LIMBERG, DAN 616 PALM AVE. ELLENTON, FL 34222	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; margin-right: 20px;">FL</div> Zip Code
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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 _____ (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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 5%; padding: 5px;">P</td> <td style="width: 85%; padding: 5px;">LIMBERG, DANE</td> <td style="width: 10%; text-align: right; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="3" style="padding: 5px;">5208 LONGBOAT BLVD. EAST</td> </tr> <tr> <td colspan="3" style="padding: 5px;">TAMPA, FL 33615</td> </tr> </table>	P	LIMBERG, DANE	<input type="checkbox"/> Delete	5208 LONGBOAT BLVD. EAST			TAMPA, FL 33615			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 5%;"></td> <td style="width: 85%;"></td> <td style="width: 10%; text-align: right; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="3" style="padding: 5px; text-align: center;"> 700113115637 12/13/07-01043-008 **150.00 </td> </tr> <tr> <td colspan="3" style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	700113115637 12/13/07-01043-008 **150.00			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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]* _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____