

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA3000008787

1. Corporation Name

TARIFF CONSULTANTS, INC.

W97-15075

Principal Place of Business

Mailing Address

35246 U.S. HWY. 19 NORTH
SUITE # 133
PALM HARBOR, FL 34684

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

02/04/93

5. FEI Number

59-3163403

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S T/D	JAMES P. MAGUIRE	35246 US HWY 19 N. #133	PALM HARBOR, FL 34684
			700002251487--4 -07/29/97--01121--001 ****915.00 ****915.00

8. Name and Address of Current Registered Agent

Resident Agent Corporation of
Pinellas County

9. Name and Address of New Registered Agent

Name

← REG. AGENT CORP. OF PINELLAS CNTY, INC.

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

980 TYRONE BOULEVARD

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33710

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

BY: EDWIN B. JAGGER REGISTERED AGENT MUST SIGN ASSISTANT SECRETARY

Date 6/26/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

JAMES P. MAGUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/27/97

Daytime Phone

(813) 784-0311

CR2E040 (1/96)