

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -9 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P930000 15186

1. Corporation Name

TUX TIME, INC.

**REINSTATEMENT** 02-03

600016965116

04/24/03--01069--005 \*\*900.00

2. Principal Office Address

15820 sw 141 ct

Suite, Apt. #, etc.

3. Mailing Office Address

15820 sw 141 ct

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL 33177

Zip

33177

Country

Zip

33177

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0387266

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

Cantigua, Julio S

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

15820 sw 141 ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33177

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

*Julio S. Cantigua*

REGISTERED AGENT MUST SIGN

Date

5/1/03

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
P	Cantigua, Julio S	15820 sw 141 ct	Miami, FL 33177
V	Cantigua, Dennis	14620 sw 49th st	Miami, FL 33175

10. 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:

*Julio S. Cantigua*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

Date

(305) 234-4144

Daytime Phone #

CR2E001 (10/02)

91 5/1/9