

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 NOV -2 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077258

1. Corporation Name

TIDE WINS, INC.

2. Principal Office Address

13880 PERDIDO KEY DRIVE

Suite, Apt. #, etc.

City & State

PENSACOLA, FL 32507

Zip

32507

Country

3. Mailing Office Address

P.O. BOX 7217

Suite, Apt. #, etc.

City & State

OXFORD, AL 36203

Zip

36203

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3213908

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

MIKE SMITH

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

17075 PERDIDO KEY DRIVE

Suite, Apt. #, Etc.

City

PENSACOLA, FL 32507

State

FL

Zip Code

32507

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**

Mike Smith

Date

10/27/05

REGISTERED AGENT MUST SIGN

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
D	NOLEN, JAMES S.	2559 HWY 78 EAST	OXFORD, AL 36203

600061101796

11/02/05--01007--017 **750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/05 256 831-6830

Daytime Phone #

11/12/05