

PLEASE READ ALL THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

98 FEB -3 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA160000036361

1. Corporation Name

TYGLO SERVICES, INC.

Principal Place of Business

Mailing Address

508 83rd Street North West
Bradenton, Florida 34209

REINSTATEMENT 97-98

If above addresses are incorrect in any way, use through correct information and enter correction below

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

April 26, 1996

5. FEI Number

65 069 1915

Applied For
Not Applicable

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 (If 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	Gloria Morrison	508 83rd Street N.W.	Bradenton, Florida 34209
V	same		
T	same		
S	same		
D	Same		

[Handwritten Signature]
2/3/98

800002421748--3
02/04/98--01104--007
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Gloria Morrison
508 83rd Street N.W.
Bradenton, Florida 34209

Name

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

State, Apt. #, Etc

City

State
FL

Zip Code

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

[Handwritten Signature: Gloria Morrison]
REGISTERED AGENT MUST SIGN

Date 1/30/98

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the incorporator or transferor 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 corrected, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information presented on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Handwritten Signature: Gloria Morrison]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/98
Date

(941) 792-2932
Daytime Phone #

CFR2604 (12-98)