PLEASE READ	ALL INSTR	UCTIONS		COMPLET	ING THIS FO	DRM.	T.
• APPLICATION FOR	A PA	P (T) E	th m	7		PRÖVED AND TLED	()
DOCUMENT # POLOCO	7545	SION OF CORPOR	RATIONS]	98 FEB 2	6 PM 1:22	
1. Uprporation Name TANSU INC					SECRETAI TALLAHAS	RY OF STATE SEE, FLORIDA	
Principal Place of Business 3217 Round Hake Rd Apopkar Fla		k #37	1 1 47 1 32798	d.			
If above addresses are incorrect in any way, line through incorrect information and enter correction New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable				Date Incorporated or Qualified			
Suite, Apt. #, etc.	Suite, Apt. #, etc	/ 		5. FEI Numbe	r	3-25-96 Applied I	For
City & State			-lot	39-3	3388579	Not Appl	
Zip Country	²¹⁰ 3279.	8 Country	5	!	E OF STATUS DESIRED	for a Certificate of S	
7. Names and Street Addresses of Each Officer and/s Name of Officers and/or Directors	or Director (Florida	Stre	itions must list at lea eet Address of Each icer and/or Director			City / State / Zip	
PRES Robert RROBERSON 37			3 (Do NOT Use Post Office Box Numbers) 37734 Co. Rd 44A No.			FlA	
U.P. TANGIE FARTA		3980 BRIST Rd			mt born	32757	,
Secjans Sue B Roberson	J ,	37734	Co.RJ 4	AANO Bi		752815 801045005 90 ****315.6	8
8. Name and Address of Current Registered Acc				9. Name and Address of New Registers Agent			
Robert R Roberson Street Address (P.				O. Box Number	is Not Acceptable)	WILL	10 (1/98)
Pobert R Roberson Pobert R Roberson Pobert R Roberson Street Address (P. 32/7 Ro Suite, Apt. #, Etc. Zellwood F/A 32798 City Zells				State Zip Code			
10. I, being appointed the registered agent of the above			h and accept the ob	oligations of Section	on 607,0505, F.S.	FL Zip Code 3279V	
Signature of Registered Agent AS ACC REC	LOU-SISTERED AGENT	MUST SIGN			Date 2-9	-98	
This corporation owes or had Intangible Personal Property	s paid the o	current yea une 30.	r Yes 🗹	Ń₀□		ner side for information n intangible tax.)	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolt owed by the corporation have been paid and the na on this application is true and accurate, and my sign	ution has been elim times of individuals nature shall have th	inated, the corpor listed on this form e same legal effe	ate name satisfies t a do not qualify for a ct as if made under	he requirements on an exemption und	of section 607,0401 or (617.0401. F.S., that all fee	as I
SIGNATURE: Rotert Rhofecur					2-9-98	407.889.27	77
SIGNATURE: Note the Relief 2-9-98 407-889-2777 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 10 6 PM 1							
•							

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FOLTAGE FACTORY TOO

SHONE: 407/939-2777: TOLL FREE: 888/219-2277: FAX: 407/989-9324

2-9-98

Sec of State Reinstatement Dev. Thallahassee Fla

We did not receive the Corporation annual Report perms for 199700 98. Apparently the foot Office returned them to you. I am enclosing a check for 315,00 as I was instructed to do by phone.

Thank you for your prompt attention or service when it call for information.

Robert Robert