

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -8 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000058038**

1. Corporation Name

TANYA-MARIE, INC.

Principal Place of Business

Mailing Address

~~1890 CORSICA DRIVE~~
~~WELLINGTON FL 33414~~

~~1890 CORSICA DRIVE~~
~~WELLINGTON FL 33414~~

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

2. New Principal Office Address, If Applicable

BERT KURLAND
Suite, Apt. #, etc.
17105 GULF PINE CIRCLE

City & State
WELLINGTON FL.

Zip
33414

Country
PALM BEACH

3. New Mailing Office Address, If Applicable

BERT KURLAND
Suite, Apt. #, etc.
17105 GULF PINE CIRCLE

City & State
WELLINGTON FL

Zip
33414

Country
PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida

07/09/1996

5. FEI Number

65-0679507

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 | 4 City / State / Zip |
|---------------|--|---|-------------------------|
| PSTD | KURLAND, BERT | 1890 CORSICA DRIVE | WELLINGTON FL 33414 |
| VASD | KURLAND, DIANA | 1890 CORSICA DRIVE | WELLINGTON FL 33414 |
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8. Name and Address of Current Registered Agent

TANYA - MARIE INC.
1890 CORSICA DRIVE
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

Name
WILLIAM L. JACKSON
Street Address (P.O. Box Number is Not Acceptable)
3081 E COMMERCIAL BLVD
Suite, Apt. #, Etc.
108
City
FT. LAUDERDALE State
FL Zip Code
33308

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

William L. Jackson
REGISTERED AGENT MUST SIGN

Date **10/31/99**

11. 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:

Bert Kurland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-99 **561-798-284**
Date Daytime Phone #

KE

Oct 29, 99

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Dear Sir

As per our phone conversation.
my application & check was sent in. as
your records indicate you have received
the check but the forms are lost.
Please reinstate this corporation.

Sincerely
Bert Kurland