

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 13 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000040161760
08/13/04--01017--001 **908.75

DOCUMENT #

1. Corporation Name

Tango Incorporated

reference # - P97000004369

2. Principal Office Address

18055A NE San Rafael St

Suite, Apt. #, etc.

City & State

Portland, Oregon

Zip

97230

Country

USA

3. Mailing Office Address

18055A NE San Rafael St

Suite, Apt. #, etc.

City & State

Portland, Oregon

Zip

97230

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/97

5. FEI Number

980198225

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

Jeffrey Klein

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

~~2101 Corporate Boulevard~~ 2600 N Military TRAIL ~~Suite 270~~

Suite, Apt. #, Etc.

~~Suite 444~~

Suite 270

City

Boca Raton

State
FL

Zip Code
33431

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

Jeffrey Klein
REGISTERED AGENT MUST SIGN

Date 8/9/04

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
COO	Todd Violette	620-304 8th Ave SW	Calgary, Alberta, T2P 1C1, Canada
CEO	Sameer Hirji	620-304 8th Ave SW	Calgary, Alberta, T2P 1C1, Canada

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:

Sameer Hirji
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMEER HIRJI

August 3, 2004

Date

(403) 209-4175

Daytime Phone #

CR2E081 (01/04)