

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -9 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000004369

1. Corporation Name

Tango Incorporated

2. Principal Office Address

18055A NE San Rafael St.

Suite, Apt. #, etc.

City & State

Portland, OR

Zip

97230

Country

USA

3. Mailing Office Address

18055A NE San Rafael St.

Suite, Apt. #, etc.

City & State

Portland, OR

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

David J. Feingold

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

3300 PGA Boulevard

Suite, Apt. #, Etc.

Suite 410

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

Date

9/30/03

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
COO	Todd violette	620-1207 11th Avenue SW	Calgary, Alberta Canada T3C-0M5
CEO	Sameer Hirji	620-1207 11th Avenue SW	Calgary, Alberta Canada T3C-0M5
D	Victor Kellough	15 Archer Drive	Red Deer, Alberta Canada T4R-2B1

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

Sameer Hirji

Date

October 7 / 2003

Daytime Phone #

(403) 209-4175

CR2E081 (10/02)