

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 29 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000005911**

1. Corporation Name

FLORIDA TIGER ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

7511 N.W. 21 ST

State, Apt. #, etc.

City & State

MARGATE, FL

Zip

33063

Country

3. Mailing Office Address

P.O. Box 93-8733

State, Apt. #, etc.

City & State

MARGATE, FL

Zip

33093

Country

REINSTATEMENT

04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

3/17/95

5. FEI Number

95-4590778

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

MR. WAGNER JORGE ASCAR

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

7511 N.W. 21 ST

State, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of

Registered Agent **X**

Date **X**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ASCAR, WAGNER JORGE	7511 N.W. 21 ST	MARGATE, FL, 33063

8001-08788688

08/29/07--01046--005 **600.00

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 contained in Chapter 119, 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 08/22/07.

Date

Daytime Phone #