


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [Redacted] Active - Renewal Fee 150.00		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 997000031454			
1. Corporation Name TAMMAN, INC			
2. Principal Office Address 8900 Dania Drive Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc. SAME	
City & State Palm Beach Gardens		City & State	
Zip FL	Country USA	Zip 33410-6207	Country

FILED
04 AUG -9 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0743863	Applied For Not Applicable
CERTIFICATE OF STATUS DESIRED: <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Jeffrey W. Hewson		000035733180	
Street Address (P.O. Box Number is Not Acceptable) 8900 Dania Dr.			
Suite, Apt., Etc. Palm Beach Gardens			
City FL	State FL	Zip Code 33410-6207	

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 W. Hewson	Date 5/27/04
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
Owner	Jeffrey W. Hewson	8900 Dania Dr	Palm Beach Gardens FL 33410

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: Jeffrey W. Hewson	5-1-04	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (01/04)