

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -4 PM 3 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000076572

1. Corporation Name

Tygan Enterprises, Inc.

600180274526
05/04/10--01046--021 ***450.00

REINSTATEMENT 08-10

CR2E081 (4/10)

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

9908 Royal Lytham Ave

Suite, Apt. #, etc.

3. Mailing Office Address

9908 Royal Lytham Ave

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34202

Country

US

City & State

Bradenton, FL

Zip

34202

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9/2/97

5. FEI Number

59-3465671

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

Drew P. Adams

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

9908 Royal Lytham Ave

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34202

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Drew Adams

Date

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
<u>P</u>	<u>Drew P. Adams</u>	<u>9908 Royal Lytham Ave</u>	<u>Bradenton, FL 34202</u>

10. E-mail Address: Stein accounting @ yahoo.com

(To be used for future annual report notification)

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, I further certify, 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:

Drew Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/10

Daytime Phone #