

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 17 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P97000101725
TIG TECHNOLOGIES, INC.

2. Principal Office Address

3805 INVESTMENT LANE

Suite, Apt. #, etc.

STE #2

City & State

RIVIERA BEACH, FL

Zip

33404

Country

PALM BEACH

3. Mailing Office Address

11891 159TH CT. NO.

Suite, Apt. #, etc.

City & State

JUPITER, FL

Zip

33478

Country

PALM BEACH

REINSTATEMENT

01-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/03/1997

5. FEI Number

65-0815039

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

JANIS MCKEE

Street Address (P.O. Box Number is Not Acceptable)
3805 INVESTMENT LANE

Suite, Apt. #, Etc.
#1

City

RIVIERA BEACH

State

FL

Zip Code

33404

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

Janis M McKee
REGISTERED AGENT MUST SIGN

Date 03/16/2005

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
P/D/C/M	ROY MCKEE	11891 159TH CT. NO.	JUPITER, FL 33478
D/V/P/M	JANIS MCKEE	11891 159TH CT. NO.	JUPITER, FL 33478

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:

Janis M McKee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANIS M. MCKEE

03/16/2005

Date

561-842-0200

Daytime Phone #

CR2E081 (01/05)