

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 30 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 0-98000014021

1. Corporation Name

Tyson Cane Holdings, Inc.

2. Principal Office Address

15833 SW 14th Court

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33027

Country

USA

3. Mailing Office Address

99 East 4th Street

Suite, Apt. #, etc.

5-D

City & State

New York

Zip

10003-9073

Country

USA

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

1998

5. FEI Number

65-0835208

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-03

7. Name and Address of Current Registered Agent

Name

Harold M. Thompson

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

15833 SW 14th Court

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33027

000025827160
12/30/03--01004--021

608.75

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

REGISTERED AGENT MUST SIGN

Date

12/23/03

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	Harold M. Thompson	15833 SW 14th Court	Hollywood, FL 33027
T	John J. Maher	99 East 4th Street; #5-D	New York, NY 10003-9073

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

12/23/03

Date

212-505-5670

Daytime Phone #

CR2E081 (10/02)