

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S11920

1. Corporation Name

TANA CORP.

Principal Place of Business

3119 CASSEEKEY ISLAND ROAD
JUPITER FL 33477
US

Mailing Address

3119 CASSEEKEY ISLAND ROAD
JUPITER FL 33477
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

c/o Philip H. Ward, III
Suite, Apt. #, etc. Ward, Damon & Posner
4420 Beacon Circle
City & State
West Palm Beach, FL 33407

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1990

5. FEI Number

65-0225631

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ARANYOS, ALEXANDER P	3119 CASSEEKEY ISLAND ROAD	JUPITER FL
V	WARD, PHILIP H III	4420 BEACON CIRCLE STE 100	WEST PALM BEACH FL 33407
S	ARANYOS, WINIFRED	3119 CASSEEKEY ISLAND ROAD	JUPITER FL

500009144865
11/21/02--01026--015 **600.00

8. Name and Address of Current Registered Agent

WARD, PHILIP H III
4420 Beacon Circle
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Nov 18, 2002

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/02

Daytime Phone #

(361) 575-5715

CR2E040 (6/02)