

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 OCT 31 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700008715107
10/31/02--01009--002 **155.00

1. DOCUMENT # L01000015834
Name and Mailing Address

0006490 01 FP 0.352 **PRSRT TO O 0615 33625-319753
TEKMETHODS, LLC
8119 COLONIAL VILLAGE DRIVE, SUITE 203
TAMPA FL 33625-3197



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 8119 COLONIAL VILLAGE DRIVE, TAMPA FL 33625		5. Date Organized or Qualified To Do Business in Florida 09/12/2001	
3. New Principal Place of Business Address 8119 COLONIAL VILLAGE DRIVE, SUITE 203 TAMPA FL 33625 City, State, Zip		6. FEI Number 06-1636625 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent HUNTER, SHERYL S HUNTER & THOMAS, PA 4807A BAYSHORE BLVD. TAMPA FL 33611		9. Name and Address of New Registered Agent Name Sheryl S. Hunter, Esq. Street Address (P.O. Box Number is Not Acceptable) 4807A Bayshore Blvd City Tampa FL Zip Code 33611	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent Sheryl S. Hunter Date 10/25/02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MS.	LORI SECHIO MGRM	8119 Colonial Village Drive Suite 203, Tampa	Tampa, FL 33625-3197

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Lori Sechio Date 10/25/02 Daytime Phone # 813-920-7272
Typed or printed name of signing Managing Member/Manager Lori Sechio

REINSTATEMENT 2002

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