

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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

FILED

02 OCT 31 PM 12:19

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



2. New Mailing Address

City, State, Zip

Principal Place of Business

8119 COLONIAL VILLAGE DRIVE, SUITE 203
TAMPA FL 33625

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/12/2001

6. FEI Number

06-1636625

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$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

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

REGISTERED AGENT MUST SIGN

Date 10/25/02

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

REINSTATEMENT 2002

AL

CR2E084 (8/02)

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