

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 17 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA8000049559

1. Corporation Name

3-TEK, INC.

2. Principal Office Address

1344 SW 12 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1344 SW 12 AVE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33486

Country

U.S.A.

Zip

33486

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5/29/98

5. FEI Number

650833451

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

GARY P. FONT

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

1344 SW 12 AVE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33486

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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

Gary P. Font

REGISTERED AGENT MUST SIGN

Date 12-5-03

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
Pres	<u>RONALD J. FUNDAK</u>	<u>1344 SW 12 AVE</u>	<u>BOCA RATON, FL 33486</u>
Vice Pres	<u>GARY P. FONT</u>	<u>1344 SW 12 AVE</u>	<u>BOCA RATON, FL 33486</u>

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)(f), 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:

Gary P. Font Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-03

Date

561-392-5190

Daytime Phone #

CR2E081 (10/02)

71

December 5, 2003

To whom it may concern,

As per our conversation, I am enclosing a check for \$158.75 for the reinstatement of our corporation. We moved the business and never received a Uniform Business Report from the state even though made contact with the state in mid-July. We appreciate that you have assisted us with this matter.

Yours truly,



Gary P. Font
Vice President, 3-Tek Inc.