

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 JUL 16 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 452672

1. Corporation Name
T&K ASSOCIATES, INC
SUSAN CONRAD NEWTON, Secy/Treas

100106208531
07/16/07--01071--007 **1358.75

2. Principal Office Address - No P.O. Box #

405 TRAMORS DR

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

CHARLE HILL, NC

City & State

Zip

27516

Country

USA

Zip

Country

REINSTATEMENT 99-07
CH2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEPH E. CONRAD

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

400 OCEAN TRAIL WAY, APT 502

Suite, Apt. #, Etc.

APT 502

City

JUPITER

State

FL

Zip Code

33477

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

JOSEPH E. CONRAD

Date

REGISTERED AGENT MUST SIGN

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	JOSEPH E. CONRAD	400 OCEAN TRAIL WAY #502	JUPITER, FL 33477
VP	JILL ALLISON CONRAD	203 CASSAMERE WAY	CHARLE HILL, NC 27516
VP	CLAYTON REID CONRAD	405 WESTWOOD DR	CHARLE HILL, NC 27516
Secy/Treas	SUSAN CONRAD NEWTON	405 TRAMORS DR	CHARLE HILL, NC 27516

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 contained in Chapter 119, 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:

JOSEPH E. CONRAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/07

Date

859-356-0816

Daytime Phone #

7/18/07