

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 3:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F01000006440**

1. Corporation Name

THINK TEK, INC.

Principal Place of Business

Mailing Address

777 YAMATO ROAD, SUITE 300
BOCA RATON FL 33431

777 YAMATO ROAD, SUITE 300
BOCA RATON FL 33496



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

3600 S Congress Ave 3600 S Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Beach FL Boynton Beach FL

Zip

Country

Zip

Country

33426 Palm Beach 33426 Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/2001

5. FEI Number

22-3549781

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
PCD	CAMMARANO, JOHN	777 YAMATO ROAD, SUITE 300	BOCA RATON FL 33431
VD	ROBINSON, GLENN	777 YAMATO ROAD, SUITE 300	BOCA RATON FL 33431

600024510806
11/07/03--01062--003 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Lynette Coleman

Lynette Coleman
as its agent

REGISTERED AGENT MUST SIGN

Date

11/5/2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5617409575

CR2E040 (7/03)