

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 OCT 28 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K23116

1. Entity Name
TEAMKAR DEVELOPMENT CORPORATION



Principal Place of Business
% DARA KHOYI
10012 FOUNTAIN CT.
NEW PORT RICHEY, FL 34654

Mailing Address
% DARA KHOYI
10012 FOUNTAIN CT.
NEW PORT RICHEY, FL 34654

REINSTATEMENT



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10232004 REIN-P CR2E098 (6/04)

4. FEI Number
59-2887923

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHOYI, DARA
10012 FOUNTAIN CT.
NEW PORT RICHEY, FL 34654

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/23/04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

900042291849
10/23/04--01066--002 **750.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete
NAME KHOYI, DARA
STREET ADDRESS 10012 FOUNTAIN CT.
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME KHOYI, ANVAR
STREET ADDRESS 10012 FOUNTAIN CT.
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARA KHOYI

10/23/04

727-514-7777

Daytime Phone #