

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 JAN 27 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K49995

1. Corporation Name

TAKI, CO.

Principal Place of Business

Mailing Address

11120 SW 121 Street
Miami, Florida 33176

11120 SW 121 Street
Miami, FL 33176

REINSTATEMENT 910

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

11120 SW 121 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33176

Country

USA

3. New Mailing Address, If Applicable

11120 SW 121 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

X

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Evan Caracostas	11120 SW 121 Street	Miami, FL 33176
R/D	Mavis Caracostas	11120 SW 121 Street	Miami, FL 33176

300002073753--9
-01/30/97--01058--014
***375.00 ***375.00

JB-28-97

8. Name and Address of Current Registered Agent

Mavis Caracostas
11120 SW 121 Street
Miami, FL 33176

9. Name and Address of New Registered Agent

Name
Mavis Caracostas
Street Address (P.O. Box Number is Not Acceptable)
11120 SW 121 Street
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33176

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.

Signature of
Registered Agent

Mavis Caracostas

REGISTERED AGENT MUST SIGN

Date

1/10/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

Date

(305) 238-9584

Daytime Phone #

CR-2040 (12/95)