

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 APR 23 PM 3:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1693832

1. Corporation Name

T.K.O. DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

5370 NW 35 Terrace

3. New Mailing Office Address, If Applicable

5370 NW 35 TERRACE

Suite, Apt. #, etc.

Bldg. B, Suite 113

Suite, Apt. #, etc.

Bldg. B, SUITE 113

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33309

Country

U.S.A.

Zip

33309

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

6/6/89

5. FEI Number

58-1941607

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	LILLIAN ROBERTS	6360 NW 42nd AVENUE	COCONUT CREEK, FL 33073
			800002157888--7 -04/29/97--01047--001 ***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

F. Ronald MASTRIANA, Esq.
2750 N. Federal Highway
Ft. Lauderdale, FL 33306

9. Name and Address of New Registered Agent

Name

LILLIAN ROBERTS

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

5370 NW 35 Terrace

Suite, Apt. #, Etc.

Bldg. B, Suite 113

City

Ft. Lauderdale

State

FL

Zip Code

33309

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

Lillian Roberts

REGISTERED AGENT MUST SIGN

Date

4-18-97

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 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)(l), 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:

Lillian Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LILLIAN ROBERTS

4-18-97

Date

954/485-9880

Daytime Phone #

CR0040 (12/96)