

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 20 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K93832

1. Corporation Name

T.K.D. Distributors
2921 Center Port Circle
Pompano Beach FL 33064

2. Principal Office Address

2921 Center Port Circle

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Zip

Country

33065

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

58-1941607

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William Roberts

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

2921 Center Port Circle

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33065

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

William Roberts

REGISTERED AGENT MUST SIGN

Date 12-17-00

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
PD	William Roberts	6360 NW 42 Terr.	Coconut Creek, FL 33073

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 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:

William Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/00 954-485-9880

Daytime Phone #

CR2E081 (9/99)

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December 18, 2000

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: TKO Distributors, Inc.

To Whom It May Concern:

Enclosed please find our Corporation Reinstatement form and check in the amount of \$150.00.

Please be advised that the corporation moved and we did not receive our Annual Report. We understand the state received the form back confirming same. We respectfully request that the late fee be waived under these circumstances.

Please also provide us with a printout showing the reinstatement.

We appreciate your assistance in this matter. If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Lillian Roberts', is written over a horizontal line.

Lillian Roberts
President

Enclosures