

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 17 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 100000009555

1. Limited Liability Company's Name

TPK Enterprise, LLC  
dba The Entrepreneur's Source

2. Principal Office Address

1310 SW 43rd Terrace

Suite, Apt. #, etc.

N/A

City & State

Cape Coral, FL

Zip Country

33914 U.S.A.

3. Mailing Office Address

1310 SW 43rd Terrace

Suite, Apt. #, etc.

N/A

City & State

Cape Coral, FL

Zip Country

33914 U.S.A.

4. State/Country of Formation

Florida/U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

August 9, 2001

6. FEI Number

05-1059835

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Paula

Fedd Koskinas

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

1310 SW 43rd Terrace

Suite, Apt. #, Etc.

N/A

City

Cape Coral

180004739601-4

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\*\*\*155.00 \*\*\*155.00

State

FL

Zip Code

33914

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent Paula Koskinas

REGISTERED AGENT MUST SIGN

Date 12-09-01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGRM</u>	<u>Paula</u> <u>Fedd Koskinas</u>	<u>1310 SW 43rd Terrace</u>	<u>Cape Coral, FL 33914</u>

REINSTATEMENT 01-09-01  
del

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of  
Managing Member/Manager Paula Koskinas

Date 12-09-01 Daytime Phone # 941-945-2202

Typed or printed name of signing Managing Member/Manager Fedd Koskinas

P.K. Paula

CR2E041 (9/01)