

**COMPANY
REINSTATEMENT**



Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000097401**

1. Limited Liability Company's Name
TNTK HOLDINGS, LLC
W10-13886

2. Principal Office Address - No P.O. Box #
5601 SW 195 TER.
Suite, Apt. #, etc.

3. Mailing Office Address
5601 SW 195 TER
Suite, Apt. #, etc.

City & State
SW RANCHES, FL

City & State
SW RANCHES, FL

Zip
33332

Country
USA

Zip
33332

Country
USA

8. Name and Address of Current Registered Agent

Name
DEREK A. SCHWARTZ, PA

Street Address (P.O. Box Number is Not Acceptable)
1900 NW CORPORATE BLVD

Suite, Apt. #, Etc.
SUITE 225 WEST

City
BOCA RATON

State
FL

Zip Code
33431

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 
REGISTERED AGENT MUST SIGN

Date **3/9/10**

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
MGR	TAMMY KLEINMAN	5601 SW 195 TER	SW RANCHES, FL. 33332
	L. SELLERS		
	MAY - 8 2010		
	EXAMINER		

11. E-mail Address: **KLEINMAT@BELLSOUTH.NET**
(To be used for future annual report notifications)

12. 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 
Typed or printed name of signing Managing Member/Manager **TAMMY KLEINMAN**

Date **3/9/10** Daytime Phone # **954 806-2589**

FILED

500171860455
04/28/10--01034--021 **277.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida
10/31/2005

6. FEI Number
203508467

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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03/11/10--01002--027 **243.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
0 MAY -3 AM 10:00
FILED