

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2016-2017



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000019598

1. Corporation Name

Teky Investments LLC

2. Principal Office Address - No P.O. Box #

175 SE 4 street

Suite, Apt. #, etc.

City & State

Cape Coral Florida

Zip

33990

Country

United States

3. Mailing Office Address

175 SE 4 street

Suite, Apt. #, etc.

City & State

Cape Coral Florida

Zip

33990

Country

United States

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
Feb 2 2015

5. FEI Number

36-4802903

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Reinstatement

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Darrin Schutt at Schutt Law Firm

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

12601 New Brittany Blvd

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33907

400294302004
01/13/17--01024--024 **377.50

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

REGISTERED AGENT MUST SIGN

Date January 4 2017

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
President	Kristy Meyers	175 SE 4 Street	Cape Coral Florida 33990
Secretary	Terry Meyers	175 SE 4 Street	Cape Coral Florida 33990

10. E-mail Address: tekylinvestments@gmail.com

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Kristy Meyers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 4, 2017 780-725-1264
Date Daytime Phone

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