

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 27 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99119

1. Corporation Name

Teak Shield Corporation

2. Principal Office Address

11674 Gran Crique Ct No

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip
32223

Country
USA

3. Mailing Office Address

Same as principle

Suite, Apt. #, etc.

City & State

same

Zip
same

Country
same

4. Date Incorporated or Qualified
To Do Business in Florida 9-19-88

5. FEI Number

59-3324356

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert E. Diefendorf

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

11674 Gran Crique Ct No

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32223

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

Robert E. Diefendorf
REGISTERED AGENT MUST SIGN

Date 6/30/06

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
Pres	Robert E Diefendorf	11674 Gran Crique Ct No	Jacksonville, FL 32223
VP	Marion C. Diefendorf	11674 Gran Crique Ct No	Jacksonville, FL 32223
	<i>8/28/11</i>		

900078271749
08/03/06--01033--024 **1058.75

FILE

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 contained in Chapter 119, 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:

Robert E. Diefendorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Diefendorf 6/30/06 904-880 6959

Date

Daytime Phone #

Florida Dept of State
Division of Corporations
PO Box 1500
Tallahassee, Fl 32302-1500

To who it may concern.

We are sending in our Corporation reinstatement Document and our check for \$1058.75
To bring us up to date and receive a certificate of status.

We never received notification that we were delinquent and ask that you waive the
\$600.00 penalty.

Respectfully,

Robert Diefendorf-Pres.



Teak Shield Corporation
11674 Gran Crique Ct No
Jacksonville, Fl 32223

Dated July 2, 2006