

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000064395

1. Corporation Name

TEPES, INC.

2. Principal Office Address

1701 NW 1ST AVE.

Suite, Apt. #, etc.

SUITE A

City & State

BOCA RATON, FL

Zip

33432

Country

USA

3. Mailing Office Address

1701 NW 1ST AVE.

Suite, Apt. #, etc.

SUITE A

City & State

BOCA RATON, FL

Zip

33432

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06-30-2000

5. FEI Number

65-1018666

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

JUAN C. LAZARTE

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

20839 SONRISA WAY

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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

10/20/04

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	JUAN C. LAZARTE	20839 SONRISA WAY	BOCA RATON FL 33432

200042188382
10/20/04 01060 010 **150.00

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN C. LAZARTE

Date

10/20/04

Daytime Phone #

561-395-6328

CR2E081 (01/04)

PS 232

TEPES, INC.
1701 N.W. 1ST AVE., STE. A
BOCA RATON, FL 33432
(561) 395-6328

October 19, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document # P00000064395

Dear Sir or Madam,

Enclosed please find a Corporation Reinstatement application for year 2004 and a check in the amount of \$150 payable to Department of State to cover the annual filing fees for the year 2004.

Please be advised that I never received the year 2004 corporate annual report and therefore it was not filed. Additionally, please note that my mailing address has changed to the address indicated on this letterhead.

Please accept this corporate reinstatement application as the facts presented herein are true and correct.

Your assistance in this matter is greatly appreciated.

Sincerely,



Juan C. Lazarte, President