

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 30 PM 6:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000 105270*

1. Corporation Name

Tu KATZ Enterprises, INC.

2. Principal Office Address

3394 Timucua Circle

Suite, Apt. #, etc.

City & State

Orlando, Fla

Zip

32837

Country

Orange

3. Mailing Office Address

P.O. Box 770818

Suite, Apt. #, etc.

City & State

Orlando, Fla

Zip

32877

Country

Orange

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/9/00

5. FEI Number

59-3680585

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

Tanya Rogers

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

3394 Timucua Circle

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

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

Tanya Rogers

Date

4/27/04

REGISTERED AGENT MUST SIGN

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
<i>D</i>	<i>Tanya Rogers</i>	<i>3394 Timucua Circle</i>	<i>Orlando, Fla 32837</i>
<i>D</i>	<i>Angie Estes</i>	<i>3394 Timucua Circle</i>	<i>Orlando, Fl. 32837</i>

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)(i), 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:

Tanya L. Rogers *Tanya L. Rogers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/04

Daytime Phone #

407-448-6772

CR2E081 (01/04)

TN