

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000016766**

1. Corporation Name

TELTEK, INC.

Principal Place of Business

Mailing Address

**306 YACHT CLUB WAY
MOORE HAVEN FL 33471-1236**

**PO BOX 1236
MOORE HAVEN FL 33471-1236**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



300025482503
12/15/03--01010--022 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/2001

5. FEI Number

65-1078231

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	OFFNER, BARBARA D	306 YACHT CLUB WAY	MOORE HAVEN FL 33471
D	OFFNER, THOMAS	306 YACHT CLUB WAY	MOORE HAVEN FL 33471
D	MOULLETTE, GARY	936 E. LIME ST APT 6	LAKELAND FL 33801

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**OFFNER, BARBARA D
306 YACHT CLUB WAY
MOORE HAVEN FL 33471-1236**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Barbara D. Offner
REGISTERED AGENT MUST SIGN

Date

12/7/03

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., 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:

Barbara D. Offner
BARBARA D. OFFNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/7/03

863-946-3376

CR2E040 (7/03)