

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **02 DBA**
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000026224

1. Corporation Name

TEKNATOOL, INC.

Principal Place of Business

160 NW 51ST STREET
BOCA RATON FL 33431

Mailing Address

160 NW 51ST STREET
BOCA RATON FL 33431

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/2001

5. FEI Number

65-1093055

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100009034831

11/15/02--01094--040 **150.00



FILED

02 NOV 15 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

D

CHEVERIE, GREG

3

160 NW 51ST STREET

BOCA RATON FL 33431

D

NEWMAN, PHILLIP

3

160 NW 51ST STREET

BOCA RATON FL 33431

8. Name and Address of Current Registered Agent

NEWMAN, PHILLIP
160 NW 51ST STREET
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-11-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-11-02

CR2E040 (8/02)

TEKNATOOL, INC.
160 NW 51ST STREET
BOCA RATON, FL 33431

November 5, 2002

Florida Department of State Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: Application for Reinstatement Document # P01000026224

Gentlemen:

Enclosed please find our completed application for reinstatement along with payment of \$ 150.00 representing the annual report fee and corporate supplemental fee. We request waiver of the reinstatement fee as we have no record of ever receiving the two prior UBR notices mentioned in the instructions to this form. Our entity is extremely small and we cannot understand why such mailings would not have been timely completed.

Thank you in advance for your consideration.

Sincerely,

Teknatool, Inc.



Philip Newman
Director

Enclosures

PK/my documents/clients/newman/teknatool fl 2001 ubr.doc