

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV -9 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000097191

1. Corporation Name

TIKADA SPA CORPORATION

2. Principal Office Address

1320 Donna Drive

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33919

Country

USA

3. Mailing Office Address

1320 Donna Drive

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33919

Country

USA

REINSTATEMENT

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

10/5/2001

5. FEI Number

65-1143493

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

WILLIAM F. HOLLAND

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

1320 Donna Drive

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33919

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

Date

11/6/06

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
Pres	WILLIAM F. HOLLAND	1320 Donna Drive	Fort Myers, FL 33919

500091656595
11/09/06--01029--012 **300.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/06

Date

(239) 851-9715

Daytime Phone #

K. Eckel NOV 14 2006

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William F. Holland
1320 Donna Drive
Fort Myers, FL 33919
(239) 851-9715

November 1, 2006

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

Re: Corporation Reinstatement – **Tikada Spa Corporation**
Document # P01000097191

Dear Sir or Madam:

I am requesting to reinstate the above-referenced corporation. My accountant informed me that this corporation was dissolved. Apparently, the Dissolution for Annual Report was filed on September 16, 2005. Unfortunately, I never received the annual postcard or the annual report form, which I recall receiving in prior years. Also, I do not own or have access to a computer.

As you can see, this is the first time this has happened, and I am kindly requesting that any and all penalty fees be abated. In order to reinstate my corporation, I am enclosing a check in the amount of \$300.00, representing fee for the 2005 and 2006 annual report. In the future, please be assured that I will stay in compliance with the guidelines.

Thank you for your courteous consideration in this matter.

Sincerely,

X 

WILLIAM F. HOLLAND