

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 OCT 21 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000107066

1. Corporation Name

TIKCUF INVESTMENTS, INC.

Principal Place of Business

Mailing Address

~~901 YAMATO RD STE 3131~~

~~BOCA RATON FL 33431~~

~~301 YAMATO RD STE 3131~~

~~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

4000 N. FEDERAL HWY.

Suite, Apt. #, etc.

207

City & State

Boca RATON, FL

Zip

33431

Country

PALM BEACH

3. New Mailing Office Address, if Applicable

4000 N. FEDERAL HWY.

Suite, Apt. #, etc.

207

City & State

Boca RATON, FL

Zip

33431

Country

PALM BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/2001

5. FEI Number

APPLIED FOR

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
PD	DORSEY, JAMES H	<del>911 HYACINTH DR</del> 3616 CARLTON PLACE	<del>BOCA RATON FL 33483</del> BOCA RATON FL 33496

700023994297  
10/21/03--01161--015 \*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOPKINS, JOHN O ESQ

~~301 YAMATO RD STE 3131~~

~~BOCA RATON FL 33431~~

Name

JOHN O. HOPKINS, ESQ.

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

4000 N. FEDERAL HWY.

Suite, Apt. #, Etc.

#207

City

BOCA RATON

State

FL

Zip Code

33431

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

REGISTERED AGENT MUST SIGN

Date

10-16-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-03 561-989-8860

Daytime Phone #

CR20040 (7/03)