

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 10, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **P01000118512**

1. Corporation Name

**TK INVESTMENT, INC.**

Principal Place of Business

**4802 N HIGHLAND  
TAMPA FL 33603**

Mailing Address

**4802 N HIGHLAND  
TAMPA FL 33603**



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

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/12/2001**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

**VP**

**Keith Lee**

**4802 N Highland AVE**

**Tampa FL 33603**

**P**

**Terry Simmons**

**4802 N Highland AVE**

**Tampa FL 33603**

**800012232568**  
**02/10/03-01/15-010 \*\*300.00**

8. Name and Address of Current Registered Agent

**LEE, KEITH A  
4802 N HIGHLAND  
TAMPA FL 33603**

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 **01/23/03**

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

**Keith Lee**

Date

Daytime Phone #

**01/23/03 (813) 477-4477**

CR2E040 (8/02)

Dear Mr. Jim Smith

I am writing this letter to inform you that I never received a reinstatement form for 2002. Upon receiving the revocation letter I immediately called the Division of Corporations to resolve this matter. A check in the amount of \$300.00 for years 2002 and 2003 is included with this letter. I'm sorry for any unconvinced that I might have caused and assure you this will never happen again.

Sincerely Yours,  
Keith Lee