PLEASE READ	ALL INSTRUCTIONS	S BEFORE (	COMPLETI	NG THIS F	ORM.	
APPLICATION FOR	PPLICATION FLORIDA DEPARTMENT OF S  Katherine Harris  Secretary of State		FILED			
REINSTATEMENT DIVISION OF CORPORATIONS			99 JUN -2 AN 10: 18			
DOCUMENT # POI742			SECONDA CO STATE TALLANDOS AR FLORIDA			
1. Corporation Name  RTK Corporation			TALLAM SSAE, FLORIDA			
MIK CONFORCE			}			
Principal Place of Business Mailing Address						
New Providence NS New Pro		oral Ave Koudence 103				
47.970 MADINESS		07974	100			
If above addresses are incorrect in any way, line through incorrect information and enter correction bell  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable				rated or Qualified		<del></del>
Suite, Apt. #, etc.	#, etc. Suite, Apt #, etc.		To Do Business in Florida 4/24/1984			
City & State City & State			5. FEI Number	044531	} <del>-</del>	oplied For ot Applicable
Zip Country	Zip Count	lry	6. CERTIFICATE (	OF STATUS DESIRED	\$8.75 Additional	I Fee required te of Status
7. Names and Street Addresses of Each Officer and/	<del></del>		st 3 directors)			
Name of Officers and/or Directors 1 2	treet Address of Each Officer and/or Director Use Post Office Box N	. )	4	City / State / Zip		
coo Richard A.Thomas us Dale Dri			ye_	timmed.	, NJm	80)
180 Pru D. Tax taglia 230 springfield				Summit		1901
000 1104 0. 100 100	11100 OC 9			Danuel	103 0	1 101
			800029057785 -06/15/9901103021 ***1058.75 ***1058.75			-021 058.75
8. Name and Address of Current R	legistered Agent	Name	9. Name and Ad-	dress of New Regi	stered Agent	
$\omega_{illic}$			O Box Number (a Not Acceptable)			
12			223 South Keene Rood			
		Georg	ater		State Zip Code	56p
10. I, being appointed the registered agent of the above Signature of	e hamed corporation, am familiar w	ith and accept the ob	ligations of Section			
Signature of Registered Agent Manual Rec	GISTERED AGENT MUST SIGN	·	·	Date 5	7-79	
This corporation owes the contangible Personal Propert		Yes [	J No ₩	(See c	other side for informal on intangible tax )	ion
12. I certify that I am an officer or director or the receivithis reinstatement application, the reason for dissoliowed by the corporation have been paid and the nation this application is true and accurate, and my sign	ution has been eliminated, the corpo amegot individuals listed on this for	orale name satisfies them do not qualify for a lect as if made under o	he requirements of in exemption under oath.	section 607.0401 o	r 617.0401, F.S., that	t all fees
SIGNATURE: Substituted Another of Print	Leb KAMBORASONING OFFICER OF	DIRECTOR	mas s	1 127 Pate	MON Daytime Phone #	202