

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P02000002409

03 OCT 23 PM 3: 07

1. Corporation Name

TEKPART, INC.

Principal Place of Business

2265 SW 31ST AVE
MIAMI FL 33145

Mailing Address

2265 SW 31ST AVE
MIAMI FL 33145



REINSTATEMENT

03

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

01/08/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

94-341428

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	ESTRADA, MARIA E	2265 SW 31ST AVE	MIAMI FL 33145

300024054779
10/23/03--01078--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESTRADA, MARIA E
2265 SW 31ST AVE
MIAMI FL 33145

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

Date

REGISTERED AGENT MUST SIGN

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

10/16/03

Date

Daytime Phone #

CR2E040 (7/03)

OCT-21-03 09:13 AM

P. 01

Miami, October 21, 2003

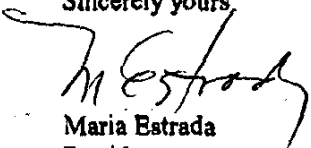
Department Of State
Division Of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed you will find check # 1274 in the amount of \$150.00 for the Corp renewal please waive the penalty. Original report was mailed in early April with a check as well.

Thank you in advance for your assistance.

Sincerely yours


Maria Estrada
President