

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000033163

1. Corporation Name

ANTIK TECK, INC.

Principal Place of Business

110 YACHT CLUB WAY APT #304
HYPOLUXO FL 33462

Mailing Address

110 YACHT CLUB WAY APT #304
HYPOLUXO FL 33462

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

170 N.E. SECOND AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

170 N.E. SECOND AVE
Suite, Apt. #, etc.

City & State

DELLAY BEACH, FL

City & State

DELLAY BEACH, FL

Zip

33446

Country

US

Zip

33446

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/2002

5. FEI Number

02-0597009

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
DP	ZACHARY, LEE R	110 YACHT CLUB WAY APT #304	HYPOLUXO FL 33462
DS	REA, BEATRIZ	110 YACHT CLUB WAY APT #304	HYPOLUXO FL 33462

8. Name and Address of Current Registered Agent

ZACHARY, LEE R
110 YACHT CLUB WAY APT #304
HYPOLUXO FL 33462

9. Name and Address of New Registered Agent

Name BEATRIZ REA

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

170 N.E. SECOND AVE

Suite, Apt. #, Etc.

City

DELLAY BEACH,

State

FL

Zip Code

33446

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

11/06/2003

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

Date

11/06/2003

Daytime Phone #

561-6372342

CR2E040 (7/03)