

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 20 PM 12:04

DOCUMENT #

1. Corporation Name

T. K. INSTALL, INC.

PO2000050300

700069051557
03/30/06--01043--003 **300.00

REINSTATEMENT 05-06

CR2E081 (12/05) 05-06

2. Principal Office Address

13850 S.E. 51ST CT

Suite, Apt. #, etc.

City & State

Summerfield, Florida

Zip

34491

Country

MARION

3. Mailing Office Address

13850 SE 51ST CT

Suite, Apt. #, etc.

City & State

Summerfield, Florida

Zip

34491

Country

MARION

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/2002

5. FEI Number

481258036

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ruben Trevino

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

13850 SE 51ST CT

Suite, Apt. #, Etc.

City

Summerfield, FL 34491

State
FL

Zip Code

34491

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ruben Trevino

Date 3/6/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	Ruben Trevino	13850 S.E. 51 ST CT	Summerfield, FL 34491
V/T	KATHLEEN SMITH	13850 SE 51 ST CT	Summerfield, FL 34491

10. 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 contained in Chapter 119, 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:

Ruben Trevino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06 (352)427-9728

Date

Daytime Phone #

T.K INSTALL, INC.
13850 SE 51ST CT
SUMMERFIELD, FL. 34491

3/6/06

To the Department of state,

Please waive the reinstatement fee; T.K. Install did not receive the annual report notices. It was not until two days ago when switching auto insurance companies did we know of the administration dissolution.

Please reinstate my corporation, I have no desires to close my company or its corporation. If you have any questions please contact Kathleen Smith Vice President at (352) 427-9728 or myself at (352) 427-9730.

Thank you for your understanding and time.



Ruben Trevino
President