

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JAN 26 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P02000098372**

1. Corporation Name

**TBECK CAPITAL, INC.**

2. Principal Office Address

**1111 Brickell Bay Drive**

Suite, Apt. #, etc.

**Apt 1102**

City & State

**Miami, FL**

Zip

**33131**

Country

**USA**

3. Mailing Office Address

**1111 Brickell Bay Drive**

Suite, Apt. #, etc.

**Apt 1102**

City & State

**Miami, FL**

Zip

**33131**

Country

**USA**

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

**09-11-02**

5. FEI Number

**22-3871100**

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

**Ronald G. Williams**

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

**1111 Brickell Bay Drive**

Suite, Apt. #, Etc.

**Apt 1102**

City

**Miami**

State

**FL**

Zip Code

**33131**

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

*Ronald G. Williams*

Date

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
S/D	Tracie Williams	1111 Brickell Bay Drive	Miami, FL 33131
P/D	Ronald G. Williams	1111 Brickell Bay Drive	Miami, FL 33131

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 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:

*Ronald G. Williams*

**Ronald G. Williams**

**(305) 358-9634**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

*Lyle J. Mortensen CPA*

*1340 S. Main Street, Suite 190  
Grapevine, Texas 76051*

*Telephone (817) 416-2533*

*Facsimile (817) 416-2535*

*email [lylemort@aol.com](mailto:lylemort@aol.com)*

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January 10, 2004

Florida Department of State  
Divisions of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Re: TBECK CAPITAL, INC.

Dear Sir or Madam:

Enclosed is the Corporation Reinstatement form for TBECK CAPITAL, INC. and the filing fee for the years 2003 & 2004 in accordance with information received from the Corporations Division. According to the information in your database the annual reports were returned to your office and therefore, the Company requests a waiver of the \$600.00 reinstatement fee.

The company check #2343 in the amount of \$308.75 is attached for the \$150.00 filing fee for two years and an additional \$8.75 additional fee for a Certificate of Status.

Thank you for your assistance in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Lyle J. Mortensen CPA", with a stylized flourish at the end.

Lyle J. Mortensen CPA