PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FINE REINSTATEMENT	LORIDA DEPARTMENT OF STATE Secretary of State Division of corporations		FILED 09 FEB 19 AM 8: 29	
DOCUMENT # P0300018893 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
TIKIS INC.				
	3. Mailing Office Address AME		CD2E081 (12/08)	
	Sulte, Apt. #, etc.		CR2E081 (12/08)	
Cit. 4 Cit.	City & Charles		orated or Qualified algorithms in Florida 2004	
City & State Punta Gorda FL.	City & State	5. FEI Number 59376		
33950 CHARLOTTE	33 950 USA	6.	OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent				
DAVID K OAKS			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you	
Street Address (P.O. Box Number is Not Acceptable)				
Suite, Apt. #, Etc.			are certifying the prior notices were not received and requesting the reinstatement	
City City State Zip Code		fee be waived.		
FL 33950			A Proposition of the State of t	
Signature of Registered Agent Park Registered Agent One 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 Eacl Officer and/or Directo		City / State / Zlp	
Pres Marthew P. Ne	mec 3716 Peace River	lr	Punta Gorda FL. 33983	
VP CARRIE A. Nen	nec same		Same 33983	
		027197	0144014153 0901038006 **450.00	
REINSTAT	EMENT		,	
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10. I certify that I am an officer or director or the receiver of trustee empowered to execute this application as provided for in chapter 607 or 617; F.S. I further certify that when filling 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 accorate, and my signature shall have the same legal effect as if made under oath.				
SIGNATURE: MAT NEWEC 2 10 09 941 639 4310 Date Date Date Daylime Phone #				

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