

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 25 11 17:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *T & K Screen Repair, Inc*

1. Corporation Name

P03000142436

2. Principal Office Address

130 N.E. 17th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

130 N.E. 17th Avenue

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33435

Country

Palm Beach

Zip

33435

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

8/27/1994

5. FEI Number

FIN # 65-0502537

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

OK

7. Name and Address of Current Registered Agent

Name

Teddy R. Edgerton

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

130 N.E. 17th Avenue

Suite, Apt. #, Etc.

000074359770

*05/11/06-01005-017-***220 00*

City

Boynton Beach,

State

FL

Zip Code

33435

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

Teddy R. Edgerton

REGISTERED AGENT MUST SIGN

Date *4-20-06*

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
<i>P</i>	<i>Teddy Edgerton</i>	<i>130 N.E. 17th Avenue</i>	<i>Boynton Beach, FL</i>
<i>V</i>	<i>Bettye Edgerton</i>	<i>130 N.E. 17th Avenue</i>	<i>Boynton Beach, FL</i>

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:

Teddy R. Edgerton

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2006

Date

561-735-4660

Daytime Phone #

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