
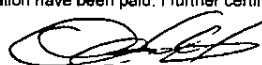


PU4000007829

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | <div style="text-align: right; transform: rotate(90deg);"> FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 10 MAY -5 PM 2:00 </div> <div style="text-align: center; margin-top: 20px;"> <p>600180465106</p> <p>05/06/10--01013--004 **308.75</p> <p>CR2E081 (4/10)</p> </div> | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------------|--|--------------------------|--|--|--------|-----------------------------------|--|--------------------|---|------------|-------------------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DOCUMENT # PU4000007829 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Corporation Name <div style="text-align: center; font-size: 1.2em;">TK ENTERPRISES, INC.</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Office Address - No P.O. Box # 934 N. UNIVERSITY DR. Suite, Apt. #, etc. * 457 City & State CORAL SPRINGS, FL. Zip Country 33071 USA | | 3. Mailing Office Address 934 N. UNIVERSITY DR. Suite, Apt. #, etc. * 457 City & State CORAL SPRINGS, FL. Zip Country 33071 USA | | 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 161700861 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Name and Address of Current Registered Agent Name KENNY TANG Street Address (P.O. Box Number is Not Acceptable) 934 N. UNIVERSITY DR. Suite, Apt. #, Etc. * 457 City State Zip Code CORAL SPRINGS FL 33071 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ Date _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>KENNY TANG</td> <td>934 N. UNIVERSITY DR. #457</td> <td>CORAL SPRINGS, FL. 33071</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <div style="text-align: center; font-size: 1.5em; margin-top: 20px;"> REINSTATEMENT 2009-2010 </div> | | | | | | Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip | D | KENNY TANG | 934 N. UNIVERSITY DR. #457 | CORAL SPRINGS, FL. 33071 | | | | | | | | | | | | | | | | |
| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | KENNY TANG | 934 N. UNIVERSITY DR. #457 | CORAL SPRINGS, FL. 33071 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10. E-mail Address: KS405390@YAHOO.COM <small>(To be used for future annual report notification)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> SIGNATURE:  KENNY TANG <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="text-align: right;"> 05/03/10 <small>Date</small> 954-540-5390 <small>Daytime Phone #</small> </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |