

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000086303

1. Corporation Name

TKO Holdings, Inc.

2. Principal Office Address - No P.O. Box #
7354 Denny Rd.

Suite, Apt. #, etc.
Ste. 100

City & State
Houston, TX

Zip
77040

Country
USA

3. Mailing Office Address
7354 Denny Rd.

Suite, Apt. #, etc.
Ste. 100 Attn: Garry Kurtz

City & State
Houston, TX

Zip
77040

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **6/2/2004**

5. FEI Number
98-0337493

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
Peter P. Lindley, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1200 No. Federal Hwy.

Suite, Apt. #, Etc.
Ste. 200

City
Boca Raton

State
FL

Zip Code
33432

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Peter P. Lindley

REGISTERED AGENT MUST SIGN

Date **6/4/07**

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	Garry Kurtz	77 Adriatic Blvd.	Stoney Crk., Ontario L8G5C6
V	Steve Yang	8 Noreen Rd.	Mansfield, MA 02048

REINSTATEMENT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Garry Kurtz

Date

Daytime Phone #

June 19/07 713.885.9270

FILED

07 JUN 25 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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