

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 27 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000129686**

1. Corporation Name

T&K Management, Inc.

2. Principal Office Address - No P.O. Box #

4255 University Drive

Suite, Apt. #, etc.

#309

City & State

Sunrise

Zip

33351

Country

USA

3. Mailing Office Address

4255 University Drive

Suite, Apt. #, etc.

#309

City & State

Sunrise

Zip

33351

Country

USA

200147717352
03/27/09--01003--023 **450.00
REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida **9/21/2005**

5. FEI Number
20-3557298

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

Keith Humphrey

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

4255 University Drive

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33351

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date **3/25/2009**

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
Pres.	Keith Humphrey	4255 University Dr. #309	Sunrise, FL 33351
V.P.	Therese Humphrey	2924 N. Rough Creek St.	Derby, KS 67037
Sec.	Therese Humphrey	2924 N. Rough Creek St.	Derby, KS 67037
Treas.	Therese Humphrey	2924 N. Rough Creek St.	Derby, KS 67037

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] **Keith Humphrey**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/2009

Date

954-840-3435

Daytime Phone #