

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000089705

1. Corporation Name

TUKLEY, INC

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

1361 NE 27 WAY

Suite, Apt. #, etc.

05

City & State

POMPANO BEACH FL

Zip

33062

Country

US

3. Mailing Office Address

1361 NE 27 WAY

Suite, Apt. #, etc.

05

City & State

POMPANO BEACH FL

Zip

33062

Country

US

7. Name and Address of Current Registered Agent

Name

HEBERT ARAUJO

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

1361 NE 27 WAY

Suite, Apt. #, Etc.

05

City

POMPANO BEACH

State

FL

Zip Code

33062

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 12/04/2008

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	HEBERT ARAUJO	1361 NE 27 WAY #05	POMPANO BEACH FL 33062

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/04/2008

Date

(954) 632-4000

Daytime Phone #

08 DEC -8 PM 3:48

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

200138686562
12/08/08--01043--008 **150.00

REINSTATEMENT

CR2E081 (10/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
20-5197954

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

08

12/8