

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 28 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003185

1. Corporation Name

TEK PARTNERS CORPORATION

Principal Place of Business

Mailing Address

175 W SABEL PALM PL  
STE. 1885  
LONGWOOD FL 32779  
US

175 W SABEL PALM PL  
STE. 1885  
LONGWOOD FL 32779  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2515 LAST Tee Court  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME  
Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Zip

32779

Country

USA

Zip

Country



REINSTATEMENT

99

4. Date Incorporated or Qualified  
To Do Business in Florida

01/12/1994

5. FEI Number

59-3219244

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	FULP, STEPHEN	<del>427 WHOOPING LOOP</del> 2515 LAST Tee Court	<del>ALTAMONTE SPRINGS FL 32701</del> Longwood FL 32779

100003087571--9

-01/04/00--01066--001

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

FULP, STEPHEN

2515 LAST Tee Court

LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Stephen M. Fulp

REGISTERED AGENT MUST SIGN

Date

12/20/1999

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/1999

407-252  
9511  
Daytime Phone #

KE