

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 3:02

DOCUMENT # P95000027850

1. Corporation Name

TEKRAM INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

10300 N.W. 19TH ST
BLDG 5
MIAMI FL 33172
US

6479 LAS FLORES DR
BOCA RATON FL 33433
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date incorporated or Qualified
To Do Business in Florida

04/04/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0567612

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LUGER, NORMAN	6479 LAS FLORES DR	BOCA RATON FL 33433

800003430048--5

-10/19/00-01079-025

****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOOMAR, L G
2875 SOUTH UNIVERSITY DR.
DAVIE FL 33328

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN LUGER

Date

Daytime Phone #

10/12/00 305 5134334

CR2E040 (800)

TEKRAM INTERNATIONAL INC.

October 12, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

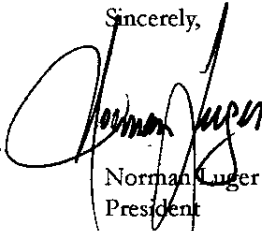
Ref: Document # **P95000027850**

Dear Sir or Madam:

Today, I received your notice of Administrative Dissolution. To the best of my knowledge I did not receive any previous notification of failing to file my annual report.

I would appreciate your considering waiving your penalty fees in this instance. I am enclosing a check for \$150.00 per instructions from your office, in anticipation of your final decision. I am also adding \$8.75 fee to your check for a certificate of Status.

Sincerely,

A handwritten signature in black ink, appearing to read "Norman Luger", is written over the typed name and title.

Norman Luger
President

6479 LAS FLORES DRIVE • BOCA RATON, FLORIDA • 33433

PHONE: 561-470-9834 • FAX: 786 524-0192

MIAMI OFFICE: PHONE: 305 513 4334 EXT. 269