

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -1 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000038427**

1. Corporation Name
TKH, INC.

700037728487
06/07/04--01060--006 **1950.00

2. Principal Office Address
2701 E. Elliott

3. Mailing Office Address
c/o Catherine Peek McEwen

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 3355

City & State
Tampa, FL

City & State
Tampa

Zip
33605

Country
USA

Zip
33601

Country
USA

4. Date incorporated or Qualified
To Do Business in Florida 5/12/1995

5. FEI Number

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
Catherine Peek McEwen

Street Address (P.O. Box Number is Not Acceptable)
2003 S. 50th St.

Suite, Apt. #, Etc.
Suite B

City
Tampa

State
FL

Zip Code
33619

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

Catherine McEwen

Date 5/25/2004

REGISTERED AGENT MUST SIGN

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
D/P	Raymond T. Hyer, Jr.	4161 E. 7th Ave.	Tampa, FL 33605
D/S/T	Sean Poole	4161 E. 7th Ave.	Tampa, FL 33605

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 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:

Raymond T Hyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/2004

Date

813-248-2101

Daytime Phone #

CP2E081 (01/04)