CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	**FILED** 02 APR 29 AM 10: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000024639 (1)

1. Corporation Name

TYKHA, INC.

800005555788--0
-05/16/02--01069--030
****900.00 ****900.00

2. Principal Office Address 2916 E. FLETCHER AVE	**3.** Mailing Office Address 2916 E. FLETCHER AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** Date Incorporated or Qualified To Do Business in Florida 03/13/97
City & State TAMPA, FL	City & State TAMPA, FL	**5.** FEI Number 59-3455276 — Applied For / Not Applicable
Zip 33612 — Country USA	Zip 33612 — Country USA	**6.** CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ZAKI A KHALED

Street Address (P.O. Box Number is Not Acceptable)
17914 ARBOR GREENE DRIVE

Suite, Apt. #, Etc.

City
TAMPA

State FL — Zip Code 33647-3138

REINSTATEMENT 01-02

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 _____   Date 4-24-02

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
DP	ZAKI A KHALED	17914 ARBOR GREENE DR	TAMPA, FL 33617
V	NAPOLEON ESTRADA	3174 LAKE BREEZE CIRCLE	ST CLOUD, FL 34771
T	JANET C KHALED	17914 ARBOR GREENE DR	TAMPA, FL 33617
S	TAMMY PERRELLI	3174 LAKE BREEZE CIRCLE	ST CLOUD, FL 34771

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: ZAKI A KHALED   4/25/02   813 971-2810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/01)