

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

98 NOV 19 AM 10:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000095470**
 1. Corporation Name **TAKA INDUSTRIES, INC**

Principal Place of Business Mailing Address
16371 NW 21 ST
PENBROKE PINES, FL.
33028
Same

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 11/00/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0793427	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES.	KENNETH KORLOFF	16371 NW 21 ST.	PENBROKE PINES, FL 33028

9000002700889--6
 -12/02/98--01093--021
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent DIANE SIMPSON 8644 NW 29 DR. CORAL SPRINGS, FL 33065		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 **Diane Simpson** Date **11/16/98**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: **X KENNETH KORLOFF** **11/16/98** **954 430-7339**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
KENNETH KORLOFF

CR0040 (1/88)

Diane Simpson, Accounting & Income Taxes

8644 Northwest 29th Drive, Coral Springs, Fl. 33065 (954) 796-0564

November 9, 1998

Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

ref: TAKA INDUSTRIES, INC.
Document #: P97000095470
EIN: 65-0793427


Dear Sir or Madam:

The above referenced corporation changed it's business location early last year and never received the renewal form for the corporate annual report. We have become aware of this today. Accordingly, enclosed please find a check for \$150.00 for the annual dues.

Please change the mailing address to: 16371 NW 21 Street
Pembroke Pines, Fl. 33028
Phone 954 430-7339

If you have any questions, please call 954 796-0564.

Sincerely,


Diane Simpson
Accountant