

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 17 PM 12: 31

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 990000032341

1. Corporation Name
TK Properties of North Central Florida

2. Principal Office Address
625 SE 56th Ave

3. Mailing Office Address

Suite, Apt. #, etc.
1

Suite, Apt. #, etc.

City & State
Ocala FL

City & State

Zip
34471

Country
Marion

Zip

Country

REINSTATEMENT 09-01

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3503891 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 Tamara Rene' Currett 900.00 - Adm

Street Address (P.O. Box Number is Not Acceptable) 625 SE 56th Ave 61.25 - AR

Suite, Apt. #, Etc. 88.75 - AR SUP

City Ocala State FL Zip Code 34471

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 Tamara A. Currett Date 5-15-01
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
<u>Pres</u>	<u>Tamara Currett</u> <u>625 SE 56th Ave</u> <u>Ocala FL 34471</u>		<u>888884416838-5</u> <u>-06/18/01-01009-009</u> <u>***1050.00 ***160.50</u>
			<u>888884416838-5</u> <u>-06/13/01-01009-009</u> <u>***1050.00 ***1050.00</u>

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: Tamara A. Currett 5-15-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)