

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 10 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000037366**

1. Corporation Name

**TKB PARTNERSHIP, INC.**

Principal Place of Business

1950 SOUTH UNIVERSITY DRIVE  
DAVIE FL 33324

Mailing Address

1950 SOUTH UNIVERSITY DRIVE  
DAVIE FL 33324



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

03/04/99 90173 017 \$150.00

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/24/1998

5. FEI Number

65-082-9610

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES.	TIMOTHY J. BRENNAN	1067 TWIN BRANCH WESTON, FL.	33326
SECRETARY	KATHLEEN BRENNAN	1067 TWIN BRANCH WESTON, FL.	33326

8. Name and Address of Current Registered Agent

BRENNAN, KATHLEEN  
1950 SOUTH UNIVERSITY DRIVE  
DAVIE FL 33324

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

*Kathleen Brennan*  
REGISTERED AGENT MUST SIGN

Date 10/11/99

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:

*Timothy J. Brennan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
TIMOTHY J. BRENNAN

10/12/99  
Date

454-423-  
Daytime Phone #  
0033

CR2E040 (8/98)

**DO NOT REMOVE !**  
**TKB Partnership, Inc.**

(2)

To whom it may concern,

I submitted my renewal application in March, 1999 with a check for \$50.00. I assumed that the application was processed since the check went through my account. Two weeks ago I received a notice of revocation.

At that point I called the state, and was told a request was sent to me asking for signatures. I did not receive the request. Therefore enclosed is form with signatures. I was told after submitting the request with signatures. The application would be final.

If there are any questions you can contact me at 454-423-0033.

Thank you.

Tom Bunnan  
President