PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM OF STATE

APPLICATION FOR REINSTATEMENT



Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

P98000037366 **DOCUMENT #**

1. Corporation Name

TKB PARTNERSHIP, INC.

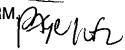
Principal Place of Business

Mailing Address

1950 SOUTH UNIVERSITY DRIVE DAVIE FL 33324

1950 SOUTH UNIVERSITY DRIVE

DAVIE FL 33324



FILED

02 NOV 21 AM 11: 56

SEGRETARY OF STATE FALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correct. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						Date Incorporated or Qualified			
Suite, Apt. #, etc. Suite, Apt.				#, etc.		To Do Business in Florida 04/24/1998			
						5. FEI Nu	5. FEI Number 65-0829610 Applied Fo		
City & State			City & State	City & State					
Zip Country			Zip Count		Country	6. CERTIFIC	CATE OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of Status		
7. Names a	and Street Ad	dresses of Each Officer an	d/or Director (Flo	orida nonprof	it corporations must list at I	east 3 directors	9)		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		-	City / State / Zip		
Р	BRENNAN, TIMOTHY J 1067			1067 TW	067 TWIN BRANCH		WESTON FL 33326		
S	BRENNAN, KATHLEEN			1067 TWIN BRANCH		WESTON FL 33326			
					- 104 (11)				
				300009148013 1172170201049007 **150.00					
			11/21/\$2\$1\$9\$\$\$ **150.00						
				()2 4B/2/10					
	8. Nam	e and Address of Curren	t Registered Age	ent		Name and Address of New Registered Agent			
RRENN	IAN KATHI	EEN :	~		Name -				
Brennan, Kathleen 1950 South University Drive					Street Address	Street Address (P.O. Box Number is Not Acceptable)			
DAVIE FL 33324					Suite, Apt. #, Etc.				
					City		State F L	Zip Code	
10. I, being	appointed the	registered agent of the at	ove named corpo	oration, am fa	amiliar with and accept the	obligations of S	ection 607.0505, F.S. or 617.0505,	F.S.	
			, ./						
Signature of		Doth la		1715	MANURED		in land	/~	
Registered /	agent	F	REGISTERED AG	ENT MUST			Date	0 =	
11. I certify t	hat I am an o	fficer or director or the rece	eiver or trustee en	npowered to	execute this application as	provided for in	chapter 607 or 617, F.S. I further o	ertify that when filing	

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

SIGNATURE:

FIMOTHY BRENNAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

TKB Partnership, Inc.

10/30/02

Emplosed is the only spake ation I have received for my suggested states. I maked is the completed application with the check.

- thank your

office of the