

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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.

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

65-0829610

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)

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

300009148013
11/21/02--01049--007 **150.00

02 UBRZ 178

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Kathleen Brennan
REGISTERED AGENT MUST SIGN

Date

10/30/02

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 Brennan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/02 954-

423-0032

TKB Partnership, Inc.

Page 2 of 2
10/30/02

To whom it May Concern

Enclosed is the only application
I have received for my corporate
status. Enclosed is the completed
application with check.

I thank you
— in Brum

098000037366