

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 20 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014897

1. Corporation Name

THEKKATTIL INVESTMENTS, INC

2. Principal Office Address

4316 Fox Ridge Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

Zip

33331

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-15-99

5. FEI Number

65-0904265

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

MARYKUTTY JACOB

Street Address (P.O. Box Number is Not Acceptable)

4316 FOX RIDGE DR

Suite, Apt. #, Etc.

City

WESTON, FL

State

FL

Zip Code

33331

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

Marykuttie Jacob

REGISTERED AGENT MUST SIGN

Date

12/18/02

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
PRES	MARYKUTTY JACOB	4316 FOX RIDGE DR	WESTON, FL 33331

REINSTATEMENT

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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:

Marykuttie Jacob

MARYKUTTY JACOB

Date

Daytime Phone #

12/18/02

954-249-6129