

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000087026

1. Corporation Name

TEKSTAR INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

2859 SPYGLASS COVE
LONGWOOD FL 32779

2859 SPYGLASS COVE
LONGWOOD FL 32779

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1999

5. FEI Number

59-3629533

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 |
|---------------|---|--|-------------------------|
| PD | WENDEL, WENDEL R | 2859 SPYGLASS COVE | LONGWOOD FL 32779 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

800024509328
11/07/03 01052 017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WENDEL, WENDEL R
2859 SPYGLASS COVE
LONGWOOD FL 32779

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. or 617.0505, F.S.

Signature of
Registered Agent

WENDEL R WENDEL

REGISTERED AGENT MUST SIGN

Date Nov 3, 2003

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:

WENDEL R WENDEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres/dia

Nov 3, 2003

Date

Daytime Phone #

407-865-6996

CR2E040 (7/03)



International corporation

2859 Spyglass Cove • Longwood, FL 32779

Ph. 407-341-5972 • Fax 407-865-6439 • www.tekstaronline.com


Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314
November 4, 2003.

Dear Sirs:

Enclosed is our check for \$150.00 for the annual report fee.

Per your instructions, we have not received any prior notices from the state for the filing of this fee, so we are filing without penalty.

Regards,


Wendel R. Wendel
President/director

where visions take shape®