

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 13 PM 12:31

DOCUMENT # **P99000094693**

1. Corporation Name
T.K.K. OF PORT ST. JOHN, INC.

Principal Place of Business	Mailing Address
6811 N. U.S. HWY. 1 COCOA FL 32952	6811 N. U.S. HWY. 1 COCOA FL 32952



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/26/1999	
City & State		City & State		5. FEI Number	
Zip		Country		59-3606205	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	KYRIAKOULIS, THEODORE	6811 N. U.S. HWY. 1	COCOA FL 32952

50003509305--8
-12/20/00--01084--015
****150.00 ****150.00

CR2ED-40 (8/00)

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KYRIAKOULIS, THEODORE 6811 N. U.S. HWY. 1 COCOA FL 32952		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 *Theodore Kyriakoulis* Date _____

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

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: *Theodore Kyriakoulis* Date 11-15-00 Daytime Phone # 321-639-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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November 14, 2000

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:


Please find enclosed our company's check for \$150.00 to cover the annual corporation fee for 2000.

The reason for the late filing is that we did not receive the original report. This is the first report that we received to complete. This is also the first year we have filed.

Based on the above reason, we ask for the penalties to be waived.

Thank you for your consideration.

T.K.K. of Port St. John, Inc.


Theodore A. Kyriakoulis