

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 MAY 24 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S06115

1. Corporation Name

T. K. Investments & Management Inc.

REINSTATEMENT

CR2E081 (11/10)

-12

2. Principal Office Address - No P.O. Box #

5111 Pinetree Dr.

3. Mailing Office Address

5111 Pinetree Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI Beach FL

City & State

MIAMI Beach, FL

Zip

33140

Country

U.S.A

Zip

33140

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

10-2-1990

5. FEI Number

650246631

☐ 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 FAISAL AL-FASSI

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

5111 Pine Tree DR. MIAMI Beach

Suite, Apt. #, Etc.

City MIAMI Beach

State FL

Zip Code 33140

700235413977
05/22/12--01022--001 **750.00
000195752810-150.00

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

Date 5-16-2012

REGISTERED AGENT MUST SIGN

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
VP	FAISAL AL-FASSI	5111 Pinetree Dr.	MIAMI Beach FL
Presid	TAREK AL-FASSI	5111 Pine Tree DR.	MIAMI Beach FL 33140
D	Kareem AL-FASSI	5111 Pine tree DR.	MIAMI Beach FL 33140

10. E-mail Address: Faisalalfassi@hotmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-2012

Date

305 9232024

Daytime Phone #

WILLIAM MAY 24 2012