

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 NOV -3 PM 4:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V34896

1. Corporation Name

TDK RESOURCES INC.

Principal Place of Business

Mailing Address

9036 WINGED FOOT DRIVE TALLAHASSEE FL 32312

9036 WINGED FOOT DRIVE TALLAHASSEE FL 32312



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

05/11/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3121391

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City/State/Zip. Includes entries for Kobes, Thierry E and Kobes, Diane. Includes handwritten 'REINSTATEMENT 2006' and signature.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOBES, THIERRY E 9036 WINGED FOOT DRIVE TALLAHASSEE FL 32312

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.

Signature of Registered Agent

SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date

10/30/00

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:

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

Date

10/30/00

Daytime Phone #

545 7735