

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

VISITOR OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT #

V49674

96 DEC 13 PM 1:17

1. Corporation Name

TKO GRAPHICS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1801 CLINT MOORE ROAD
SUITE 217
BOCA RATON FL 33497
US

1801 CLINT MOORE ROAD
SUITE 217
BOCA RATON FL 33497
US

REINSTATEMENT



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

2. New Principal Office Address, If Applicable

1018 INGRAHAM AVE.

Suite Apt #, etc.
DELRAY BEACH

City & State
FL 33483

Zip
Country
USA

3. New Mailing Office Address, If Applicable

1018 INGRAHAM AVE.

Suite Apt #, etc.
DELRAY BEACH

City & State
FL 33483

Zip
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1992

5. FEI Number

65-0342515

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)

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	GAVEL, THOMAS	1018 INGRAHAM AVE.	DELRAY BEACH FL

200002040602--9
-12/30/96--01012--012
****375.00 ****375.00

8. Name and Address of Current Registered Agent

GAVEL, TOM F.
2917 S.W. 22ND CIRCLE
UNIT 34-C
DELRAY BEACH FL 33445

9. Name and Address of New Registered Agent

Name
THOMAS GAVEL
Street Address (P.O. Box Number is Not Acceptable)
1018 INGRAHAM AVE.
Suite, Apt #, Etc.
DELRAY BEACH
City
State
FL
Zip Code
33483

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

THOMAS GAVEL

REGISTERED AGENT SIGNATURE

THOMAS GAVEL
PRESIDENT

Date 12/10/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS GAVEL

THOMAS GAVEL

PRESIDENT

12/10/96

Date

Daytime Phone #

561-279-9633