CORPORATION REINSTATEMENT

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

FILED
00 DEC 12 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J27642

1. Corporation Name

RTT, Inc.

2. Principal Office Address	**3.** Mailing Office Address
10 Ocean Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Lake Worth, FL	
Zip / Country	Zip / Country
33460 USA	

REINSTATEMENT 95-00

4. Date Incorporated or Qualified To Do Business in Florida 10/86 **SP**

5. FEI Number 59-2752791 ☐ 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
Elliott Franklin

Street Address (P.O. Box Number is Not Acceptable)
2277 S. Congress Ave

Suite, Apt. #, Etc.

100003509271--6
-12/20/00--01080--005
***1500.00 ***1500.00

City: Lake Worth | State: FL | Zip Code: 33461

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 Elliott A Franklin Date 12/11/2000
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
Pd.	John Tsakon	10 Ocean Ave	Lake Worth, Fla
V p	Peter Thanopoulous	10 Ocean Ave	Lake Worth, Fla

10. 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: 12/11/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #