

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P96000056144

1. Corporation Name

TNT TECHNOLOGIES, INC.

FILED

99 FEB 17 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~2400 E. LAS OLAS BLVD.~~ 2400 E. LAS OLAS BLVD.
#298
FORT LAUDERDALE, FL 33301

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	
Suite, Apt #, etc	City & State	Suite, Apt #, etc	City & State
Zip	Country	Zip	Country

REINSTATEMENT 1997-1999

4. Date Incorporated or Qualified To Do Business in Florida	07-02-1996	Applied For	Not Applicable
5. FEI Number	65-0686918	Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRESIDENT	THOMAS DELLA TORRE	1302 YARBOROUGH DR.	ROCKTREE CITY, GA 30269
VP	RACHEL DELLA TORRE	1302 YARBOROUGH DR.	ROCKTREE CITY, GA 30269

100002781021 -- E
-02/19/99--01078--025
***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

Corporations Service Company
1201 HAYES STREET
TALLAHASSEE, FL 32301

9. Name and Address of New Registered Agent

Name	State	Zip Code
Street Address (P.O. Box Number is Not Acceptable)	FL	
Suite, Apt #, Etc		
City		

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: *Laura R. Deen*
REGISTERED AGENT MUST SIGN

Date: 2-17-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *THOMAS DELLA TORRE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/19/99 (no) 486-7454
Daytime Phone #

CRA2500 (1-99)