

L10000028070

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 DEC 29 AM 10:01

DOCUMENT # L10000028070

1. Limited Liability Company's Name

TNT SKYCORP LLC

CR2E041 (1/11)

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

1001 N. Federal Hwy

Suite, Apt. #, etc.

359

City & State

Hallandale, FL

Zip

FL

Country

US

3. Mailing Office Address

1001 N. Federal Hwy

Suite, Apt. #, etc.

359

City & State

Hallandale, FL

Zip

33009

Country

US

4. State/Country of Formation

Florida, United States

5. Date Organized or Qualified

To Do Business in Florida 03-12-2010

6. FEI Number

27-2091191

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Torey L. Jones

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

1001 N. Federal Hwy

Suite, Apt. #, Etc.

359

City

Hallandale

State

FL

Zip Code

33009

E-mail Address:

600215627356

12/29/11--01003--016 **238.75

TNT Skycorp@comcast.net

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Date 12-28-11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Torey L. Jones	1001 N. Federal Hwy # 359	Hallandale, FL 33009
MGRM	Tangela C. Jones	1001 N. Federal Hwy # 359	Hallandale, FL 33009

FF \$238.75

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REINSTATEMENT

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Date 12-28-11

Daytime Phone # (954) 404-9075

Typed or printed name of signing Managing Member/Manager