

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 487411 1. Corporation Name T Squared, Inc.			
2. Principal Office Address 3855 St. Johns Ave Suite, Apt. #, etc. City & State Jacksonville, FL Zip 32205 Country USA		3. Mailing Office Address 3855 St. Johns Ave Suite, Apt. #, etc. City & State Jacksonville, FL Zip 32205 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 10/8/1995		5. FEI Number 591704848 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name McCarthy Crenshaw Jr.			
Street Address (P.O. Box Number is Not Acceptable) 3855 St. Johns Ave.			
Suite, Apt. #, Etc. JACKSONVILLE			
City FLORIDA		State FL	Zip Code
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 [Signature] REGISTERED AGENT MUST SIGN		Date 9/6/2001	
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
PRES/D	SUSAN T. HARRIS	101 RICHARD LANE, [REDACTED]	BLACK MOUNTAIN, NC 28711
V Pres/D	MARY T. SOMERVILLE	5415 YOLANDA LANE	DALLAS, TX 75229
V Pres/D	J. W. TAYLOR, JR.	386 OKLAHOMA LN. PO BOX 95	MONTREAT, NC. 28757
V Pres/D	CONSTANCE T. CRENSHAW	3855 St. Johns Ave	JACKSONVILLE, FL 32205
Sec	McCarthy CRENSHAW, JR	3855 St. Johns Ave	JACKSONVILLE, FL 32205
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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 9/6/2001 Daytime Phone # 904-278-4760	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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McCarthy Crenshaw, Jr.

3855 St. Johns Ave.
Jacksonville, FL 32205
September 7, 2001
904/389-9561

Email: mackcren@aol.com

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: T Squared, Inc. Reinstatement

Dear Sir:

I am enclosing the Reinstatement Form that I downloaded from the internet according to the instructions given to me by the Reinstatement office.

I would like you to know that the address of the corporation has changed, and the Box 5270 is no longer in service. I would like for you to take that into consideration and please waive the Reinstatement Penalty fee of \$600.00 if that is possible. I have enclosed two checks, one for \$300 from the corporation, and one personal check from my account for the \$600.00. If I could appeal to your mercy not to charge the reinstatement fee because of the change from the P.O. Box to my personal address and the confusion there, I would be most appreciative. You could return the check to me, or simply tear up the check if you like so no further correspondence is necessary. The pleasant lady I spoke with on the phone said that this might be a possibility because of the address change as a reasonable excuse.

The new address of the corporation will be at my home, and I will be the resident agent.

Thank you for your consideration.

Sincerely,



McCarthy Crenshaw, Jr.

Copy: Larry Harris, CPA, 101 Richard Lane, Black Mountain, N.C. 28711