

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 23 AM 11:04

DOCUMENT # **F06000001507**

1. Corporation Name

Tennessee Tire Recyclers, Inc.

2. Principal Office Address - No P.O. Box #
105 5TH AVE W

3. Mailing Office Address
105 5TH AVE W

Suite, Apt. #, etc.
SUITE 103

Suite, Apt. #, etc.
SUITE 103

City & State
SPRINGFIELD, TN

City & State
SPRINGFIELD, TN

Zip Country
37172 USA

Zip Country
37172 USA

4. Date Incorporated or Qualified
To Do Business in Florida 03/08/2006

5. FEI Number
621698591

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Kimberly Breunling
Assistant Secretary

Date **12/24/09**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CARTER, THOMAS A	105 5TH AVE W SUITE 103	SPRINGFIELD TN 37172
T	PRATT, NANCY	1209 CAMDEN RD	PARSONS TN 38363

10. E-mail Address: **tiobrien@titechinc.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Heidi Snedden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/09

Date

Daytime Phone #

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT TTI Technologies, Inc. and subsidiaries and affiliates noted on Schedule A, incorporated under the laws of the State of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto or under common control with the affiliates shown on Schedule A, (cumulatively, the "Corporation"), does hereby appoint Kelly Snedden and Laura Broderick, employees of CT Corporation and acting solely in the capacity as an employee of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation. The attorney-in-fact will not make such changes without the prior approval of the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Kelly Snedden and/or Laura Broderick shall exercise the power of Vice President, Secretary and/or Manager/Member.

This Power of Attorney expires when revoked by the undersigned.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 14th day of December, 2009.

TTI Technologies, Inc.
A Delaware corporation

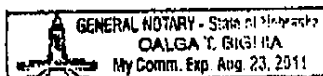
By: TJ O'Brien
Name: TJ O'Brien
Title: Chief Financial Officer

State of Nebraska
County of Douglas

On December 11, 2009, before me, the undersigned, a Notary Public in and for said State, personally appeared TJ O'Brien, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Valerie T. Biglia
Notary Public



**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
TENNESSEE TIRE RECYCLERS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,050.00

450.00