

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000000096

1. Corporation Name

TTMF, INC. TTM, Inc.

Principal Place of Business

Mailing Address

1722 TOAL STREET
CHARLOTTE NC 28206

1722 TOAL STREET
CHARLOTTE NC 28206

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1722 TOAL STREET

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

1722 TOAL STREET

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -1 PM 4:07



4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1999

5. FEI Number

56-1356956

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CP	PLYER, PEGGY S	1000 ATANDO AVE	CHARLOTTE NC 28206
VCST	PLYER, MARCUS R	1000 ATANDO AVE	CHARLOTTE NC 28206
V	PLYER, CHARLES E JR	1000 ATANDO AVE	CHARLOTTE NC 28206
EP	MCLEOD, THOMAS	1722 TOAL STREET	CHARLOTTE, NC 28206
V	MCLEOD, MELISA	1722 TOAL STREET	CHARLOTTE, NC 28206
T	CARROLL, JAMES	1722 TOAL STREET	CHARLOTTE, NC 28206

8. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

3000004694813-6

-11/27/01-01037-004

***158. State Zip Code

FL ***158.75

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 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:

JAMES CARROLL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-01

Date

704-335-1624

Daytime Phone #