

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 10 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K64761

1. Corporation Name

Telecommunications Technical Services, Inc.

2. Principal Office Address

9610 S. Tropical Trail

Suite, Apt. #, etc.

City & State

Merritt Island, FL

Zip

32952

Country

Brevard

3. Mailing Office Address

P.O. Box 510070

Suite, Apt. #, etc.

City & State

Melbourne Bch., FL

Zip

32951

Country

Brevard

REINSTATEMENT 91-03
200011993872
02/07/03--01082--002 **2461.25

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/10/89

5. FEI Number

59-293-3042

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Douglas Grapevine

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

9610 S. Tropical Trail

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

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

Douglas Grapevine

Date 02/04/03

REGISTERED AGENT MUST SIGN

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
P/S/T/D	Douglas Grapevine	9610 S. Tropical Trail	Merritt Island, FL 32952

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:

Douglas Grapevine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

Date

321-777-2602

Daytime Phone #

CR2E081 (10/02)

LAW OFFICES
MICHAEL KAHN, P.A.
482 NORTH HARBOR CITY BLVD.
MELBOURNE, FLORIDA 32935

MICHAEL KAHN

TELEPHONE
(321) 242-2564
TELEFAX
(321) 254-2127

February 4, 2003

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

**Re: Telecommunications Technical Services, Inc.
Corporation Reinstatement**

Dear Sir or Madam:

Enclosed please find the original Corporate Reinstatement form for the above referenced entity together with a check in the amount of \$2,461.25 as the reinstatement fee.

Please file this on the date of delivery or as soon thereafter as possible and return confirmation documentation U.S. Mail at your earliest opportunity. I have enclosed a self stamped, addressed envelope for your convenience.

If you need further information, please do not hesitate to contact me.

Very truly yours,



Michael Kahn

/rm

cc: Client

enclosures: as stated