

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000004091

Name and Mailing Address

0003190 01 FP 0.352 **PRSR TO 0 0615 33309-185107

T2TEC INVESTMENTS, LLC

1500 W. CYPRESS CREEK ROAD
SUITE 407

FT. LAUDERDALE FL 33309-1851

03 APR -3 PM 3:38
224/8

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02/28/03--01003--015 **155.00



REINSTATEMENT 2002-2003

2. New Mailing Address

1215 W. Newport Center Drive

City, State, Zip
Deerfield Beach, FL 33442

Principal Place of Business

1500 W. CYPRESS CREEK ROAD
SUITE 407
FT. LAUDERDALE FL 33309

3. New Principal Place of Business Address

1215 W. Newport CTR DR

City, State, Zip

Deerfield Bch, FL 33442

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/15/2001

6. FEI Number

65-1088900

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

ISMAIL, YUNUS
731 NW 84TH AVE.
PEMBROKE PINES FL 33024

9. Name and Address of New Registered Agent

Name

MARKATIA, MOHAMMED A

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

1215 W. Newport Center Drive

City

Deerfield Beach

FL

Zip Code

33442

10. 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

X *Markatia*
REGISTERED AGENT MUST SIGN

Date

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PD	Markatia, Mohammed	1215 W. Newport Center Drive Deerfield Beach, FL 33442	Deerfield Beach, FL 33442

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04/03/03--01004--011 **45.00

REINSTATEMENT 2002-2003

12. 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.

Signature of
Managing Member/Manager

X *Markatia*

Date

Daytime Phone # 954-418-8620

Typed or printed name of signing Managing Member/Manager