2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000012309

1. Entity Name
TNT CAPITAL GROUP, LLC

FILED
09 FEB 17 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6561 TAYLOR ROAD #2 NAPLES FL 34109	6561 TAYLOR ROAD #2 NAPLES, FL 34109

02102009 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3736227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WAJNERT, THOMAS C 6561 TAYLOR ROAD #2 NAPLES, FL 34109	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ Thomas C. Wajnert 2/10/09
Signature, typed or printed name of registered agent and title if applicable [NOTE: Registered Agent signature required when reinstating] DATE

FILE NOW!!! FEE IS $277.50 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WAJNERT, THOMAS C 6561 TAYLOR ROAD #2 NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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REINSTATEMENT 2008-2009

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02/18/09--01003--007 **277.50

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: _____ Thomas C. Wajnert Manager 2/10/09 56897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Payment Ref #

407-9-12