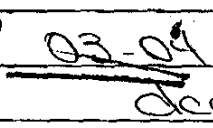
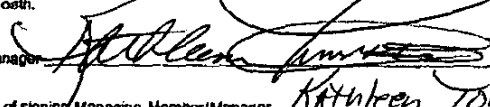


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 29 PM 4:17

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000025720			
1. Limited Liability Company's Name T&T EQUITY LLC			
2. Principal Office Address 5301 N. FEDERAL HWY		3. Mailing Office Address 5301 N. FEDERAL HWY	
Suite, Apt. #, etc. SUITE 120		Suite, Apt. #, etc. SUITE 120	
City & State BOCA RATON		City & State BOCA RATON	
Zip 33487	Country USA	Zip 33487	Country USA
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 09/30/2002	
6. FEI Number		Applied For ☐ Not Applicable ☒	
7. CERTIFICATE OF STATUS DESIRED ☐		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name ANTHONY TOMASSO			
Street Address (P.O. Box Number is Not Acceptable) 749 N.E. 71ST STREET			
Suite, Apt. #, Etc.			
City BOCA RATON		State FL	Zip Code 33487
9. 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 		Date 1/26/04	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ANTHONY TOMASSO	5301 N. FEDERAL HWY- SUITE 120	BOCA RATON, FL 33487
MGRM	KATHLEEN TOMASSO	5301 N. FEDERAL HWY - SUITE 120	BOCA RATON, FL 33487
REINSTATEMENT 03-04 			
11. I certify that I am managing member/manager for 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 report 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 		Date 1/26/04 Daytime Phone # 861-997-5720	
Typed or printed name of signing Managing Member/Manager Kathleen Tomasso			

CR2041 (10/02)