FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000025720

300028698703
02/13/04--01017--019 **200.00

1. Limited Liability Company's Name
T&T EQUITY LLC

2. Principal Office Address	3. Mailing Office Address
5301 N. FEDERAL HWY	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: [signature] REGISTERED AGENT MUST SIGN Date: 1/26/04

CR2E041 (10/02)

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 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: [signature] Date: 1/26/04 Daytime Phone # 561-997-5720

Typed or printed name of signing Managing Member/Manager: Kathleen Tomasso