1000000 SATE TONS BEFORE COMPLETING THIS, FORM.		
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE BIVISION OF CORPORATIONS 11 DEC 29 AM IO: 01
DOCUMENT # L100000 1. Limited Liability Company's Name TNT SKYCOP L	-	· · ·
Principal Office Address - No P.O. Box #	3. Mailing Office Address	CR2E041 (1/11)
1001 N. Federal Huy	1001 N. Federal Hwy	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Florida, United States
井 359 City & State	# 359 City & State	Date Organized or Qualified To Do Business in Florida 03-12-2010
Hallandale, FL	Hallandale, FL	6. FEI Number Applied For Not Applicable
FL us	33009 US	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
Name and Address of Current Registered Agent		
Name Torey L. Jones		E-mail Address:
Street Address (P.O. Box Number is Not Acceptable) 1001 N. Federal Hwy		600215627356 12/29/1101003016 **238.75
Suite, Apt. #, Etc. / # 3 5 9		TUT Skycorp@) comcast. Net
City Hallandale State Zip Code FL 33009		(To be used for future annual report notices)
9. I, being appointed the registered agent of the abo Signature of Registered Agent	accept the obligations of Chapter 608, F.S. Date 12-28-11	
REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Street Address of Each Managing Members/Managers Managing Member/Managers		
MGRM Torey L. Jone	 [/
MGRM Tangela C. Jon	es 1001 N. Federal H	wy#359 Hallandale, FL 33009
	F \$838.7	5
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 508, 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. I am aware that false information symmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Managing Member/Manager Daytime Phone # (954) 404-9075		
Typed or printed name of signing Managing Member/Manager		