



2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000007259 1. Entity Name TNT CONNECTIONS CHARITIES INC.						FILED 05 APR 12 PM 1:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>04-05</i>		
Principal Place of Business 3679 CRIMSON OAKS DRIVE JACKSONVILLE, FL 32277				Mailing Address 3679 CRIMSON OAKS DRIVE JACKSONVILLE, FL 32277				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip		Country						
4. FEI Number 30-0204164				02112005 REIN-NP CR2E099 (6/04)				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable				
6. Name and Address of Current Registered Agent TUKES, ALLEN 9254 TOPOHILL CT. JACKSONVILLE, FL 32225				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				
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 <u><i>Allen Tukes</i></u> Allen Tukes <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>2/26/05</u> <small>DATE</small>				
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Allen Tukes 9254 Topohill Ct SAN, FL 32225			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400052139434 04/26/05--01060--004 **297.50		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Toney Sanders 1343 Lostara Ave W SAN, FL 32211			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Harold Dixon 122 Atlantic Blvd #50 SAN, FL 32225			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: <u><i>Allen Tukes</i></u> Allen Tukes <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>2/26/05</u> <small>Date</small>		<u>(904) 887-2191</u> <small>Daytime Phone #</small>		