## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 APR 30 AM II: 01
DOCUMENT # NO600007100  1. Corporation Name  TNT Boosfer (lub, Inc.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box# 2683 54. Johns Bluff Road		000154376350 04/30/0901022015 **183.75 CR2E081 (12/08)
Suite, Apr. #, etc. Suite # 107	Suite, Apt. #, etc. Suite # 107	4. Date Incorporated or Qualified 71/3/2006
City & State  Tacksonville, Florida	Jacksonville, Flonda	5. FEI Number 20-5193457 Applied For Not Applicable
32246 Country U.S.A.	32246 U.S.A.	CERTIFICATE OF STATUS DESIRED 38.75 Additional Fee required for a Certificate of Status.
7. Name and Address of Name Melissa Kicklighter Street Address (P.O. Box Number is Not Acceptable) 2403 St. Johns Blu Surte, Apt. # Ftc. Guite #107 City JackSonviller		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent LUCIC LUMBER  REGISTERED AGENT MUST SIGN  Date 3/23/09		
	/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pris. Cindy Reis	2683 St. Johns Blut	
VP Connie Kelley	2683 St. Johns Blut	FRd. Jacksonville, Florida 32246
5 Dale Vespi	2683 St. Johas Bluft	f Rd. Jacksonville, Florida 32246
T Melissa Kicklighter	2693 St. Johns Bluf	FRd. Jacksonville, Florida 32246
	RH	
REINSTATEMENT		
10. It certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: USUAL SIGNATURE OF PRINTED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Design Phone #		