

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
02 FEB 15 PM 1:43

DOCUMENT # P00000033487

1. Corporation Name

T & T Business Services Inc.

2. Principal Office Address

3114 Seigney DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Windermere

City & State

Zip

FL

Country

Zip

34786

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/00

5. FEI Number

59-3636638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Maher Daoud

Street Address (P.O. Box Number is Not Acceptable)

3114 Seigney DR

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

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

M. Daoud

Date

1/02/2002

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

~~MAH~~

President
Owner Maher Daoud

3114 Seigney DR

Windermere FL 34786

10. I 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 filing 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 under section 119.07(3)(i), 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:

M. Daoud

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/02/2002 407 876-8800

Daytime Phone #

CR2E081 (9/00)

MAHER DAOUD
T & T BUSINESS SERVICES, INC

3114 Seigneury Dr.
Windermere, FL 34786
(407) 876-8806
temilee@aol.com

January 29, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Secretary of State, Division of Corporations,

I received your letter stating my company had been dissolved. I do not understand this letter. I responded to your original request of a company report along with the \$150.00 fee. I have not received any further mailings from you however my address has changed to the address above.

I would appreciate your assistance in waiving any of the fees listed in your letter. I am enclosing a duplicate check for \$150.00. I would appreciate you reinstating my corporation.

Sincerely,



Maher Daoud
President and Owner T & T Business Services