

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 13 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000068894

1. Corporation Name

~~T-N-T ROLLS INC~~

2. Principal Office Address

1785 NW 77<sup>th</sup> AVE.

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

Zip

33024

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-04

4. Date Incorporated or Qualified  
To Do Business in Florida

7-1-00

5. FEI Number

65-1026230

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

TROY NOWAKOWSKI

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

1785 NW 77<sup>th</sup> AVENUE

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State  
FL

Zip Code

33024

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

*[Signature]*

Date 12-2-04

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
Pres	Troy Nowakowski	1785 NW 77th Avenue	Pembroke Pines FL 33024
			<i>[Signature]</i>
			000043369130 12/13/04--01062--004 **1200.00

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Pres. 12/2/04

Daytime Phone #

CR2E081 (01/04)