1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 01/02 WBC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 21 PM 2:46

DOCUMENT # P00000074554

1. Corporation Name
T.T. BUSINESS GROUP, INC.

2. Principal Office Address	**3.** Mailing Office Address
8548 N.W. 72 St	8548 N.W. 72 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33166 Country:	Zip: 33166 Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1041436 — 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: Tavares Martha R.

400005193624--9
-04/05/02--01006--023
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 12316 N.W. 7 Th Lane

Suite, Apt. #, Etc.:

City: Miami — State: FL — Zip Code: 33182

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: Martha Tavares — Date:
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	Martha Tavares	12316 N.W. 7 Th Lane	Miami, Florida, 33182
MANAG	Erwin Tavares	12316 N.W. 7 Th Lane	Miami, Florida, 33182

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: Martha Tavares — 2/19/2 — 305-597-9588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2082

TT Business, Corp.

8548 N.W. 72 Snd St.
MIAMI, FL. 33166
Phone: (305)-597-9588
Fax : (305)-597-7157
E-Mail: tt1corp@bellsouth.net

Dear Y. Fisher.

Do to ignorance on our behalf, a change of address was never communicated to your office on time to avoid fines and inconveniences, please kindly accept payment for the past two terms.

Thank You for Your time
Edwin Tavares

TT BUSINESS GROUP, CORP.
8548 N.W. 72 ST
MIAMI, FL. 33166