

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
FEB 13 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000015255**

1. Corporation Name

TNT Professional Services Inc

2. Principal Office Address

19100 SW 106 Avenue

3. Mailing Office Address

19100 SW 106 Avenue

Suite, Apt. #, etc.

Bay #27

Suite, Apt. #, etc.

Bay #27

City & State

Miami, Florida

City & State

Miami, FL 33157

Zip

33157

Country

USA

Zip

33157

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/09/2001

5. FEI Number

65-1085506

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

02-03

**7. Name and Address of Current Registered Agent**

Name

Mike Diaz

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

19100 SW 106 Avenue

Suite, Apt. #, Etc.

Bay #27

City

Miami

State

FL

Zip Code

33157

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

Date 2/10/2003

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.	Mike Diaz	14423 SW 107th Terrace	Miami FL 33183

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:

MIKE DIAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2003 305-297-7147

Date

Daytime Phone #

CR2E081 (10/02)

2/17