PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION' **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P01000050580

1. Corporation Name

TT&V FOOD INC

	V 1 OOL), IIIO.								
Principal Place of Business Mailing Addre			NITA			1				
2425 SE BONITA 2425 SE BON STUART FL 34997 STUART FL 3										
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If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail		ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida Or 104 10004					
Suite, Apt. #, etc. Suite, Apr		Suite, Apt. #	#, etc.		5. FEI Number Applied For					
City & State City		City & State	ity & State		65-1105618 Not Applicable					
Zip	Zip Country Z		Zip	Country				ICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer a	and/or Director (Fig	rida nonpro	fit corporati	ons must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PVID.	DIMARTINO, ANTHONY			2424 SE BONITA				STUART FL 34997		
SD ·	SD DIMARTINO, ANTHONY JR.			2424 SE BONITA				STUART FL 34997		
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····						43-15	11/06/	0024489 9 0301048024	5:36 **150.00	
	-				<u>-</u> -					
8. Name and Address of Current Registered Agent							9. Name and	Address of New Registered	d Agent	
DIMARTINO ANTHONY					Name					
DIMARTINO, ANTHONY 2424 SE BONITA STUART FL 34997				Street Address (P.O. Box Number is Not Acceptable)						
			Suite, Apt. #, Etc.			÷.				
						City	• • • • • • • • • • • • • • • • • • • •	Sta F 1	te Zip Code	
10. I, being	appointed th		· -		familiar with	n and accept the c	obligations of Sect	ion 607.0505, F.S. or 617.05	,	
		7-100000	w/cm	-		<u> </u>		1.10	1/10	

Date 10/29/03

FILED

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11. 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:

NHONY DIMARTINO 10

TT&V Food, Inc. 2425 SE Bonita St. Stuart, FL 34997

November 3, 2003

Florida Dept. of State

Glenda E. Hood Secretary of State

Attn.: Divisions of Corporations

To whom it may concern,

As Per our telephone conversation, I have enclosed check (\$150.00) is for the annual report year 2003 for EIN # 65-1105618 TT & V Food, Inc. The original renewal notice was never received prior to this notice, please apply the \$150.00 for 2003.

Sincerely,

Anthony Dimartino