


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> 001000076286					
<b>1. Corporation Name</b> TMT INTERNATIONAL					
<b>2. Principal Office Address</b> 3101 S.W. 117 Ave Suite, Apt. #, etc.			<b>3. Mailing Office Address</b> 3101 S.W. 117 Ave Suite, Apt. #, etc.		
<b>City &amp; State</b> DAVIE, FL <b>Zip</b> 33330 <b>Country</b> USA			<b>City &amp; State</b> DAVIE, FL <b>Zip</b> 33330 <b>Country</b> USA		
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 8/2/2001			<b>5. FEI Number</b> 651126153		
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee required for a Certificate of Status</b>		
<b>7. Name and Address of Current Registered Agent</b>					
<b>Name</b> Ali MITHAVAYANI					
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 3101 S.W. 117 Ave					
<b>Suite, Apt. #, Etc.</b>					
<b>City</b> DAVIE <b>State</b> FL <b>Zip Code</b> 33330					
<b>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.</b>					
<b>Signature of Registered Agent</b> <i>Ali Mithavayan</i> <b>Date</b> 3/14/03					
<b>REGISTERED AGENT MUST SIGN</b>					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>		
President	Ali MITHAVAYANI	3101 S.W. 117 Ave	DAVIE, FL 33330		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Ali Mithavayan</i> <b>Date</b> 3/14/03 <b>Daytime Phone #</b> 954-465-7783					
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>					

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

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