

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

03 SEP 24 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PP1000085933**

1. Corporation Name

3 T Technologies Incorporated

REINSTATEMENT 02-03

400023302944

09/24/03--01033--005 **308.75

2. Principal Office Address

3209 N. Australian Ave

Suite, Apt. #, etc.

3. Mailing Office Address

3209 N. Australian Ave

Suite, Apt. #, etc.

City & State

West Palm Beach

Zip

33407

Country

PALM BEACH

City & State

West Palm Beach

Zip

33407

Country

UNITED STATE

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2001

5. FEI Number

None 65-1134266

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

Tate, Corey D

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

3209 N. Australian Ave

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33407

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

Corey D. Tate

Date

09/22/03

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
P	Corey D. Tate	3209 N. Australian Ave	W. P. B. FL 33407
T	Bonnie L. Tate	3209 N. Australian Ave	W. P. B. FL 33407

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:

Corey D. Tate

COREY D. TATE

09/22/03

(561) 844-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

3209 N. Australian Avenue
West Palm Beach, FL. 33407



September 22, 2003

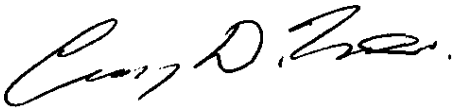
Department of State
Division of Corporations
409 East Gains Street
Tallahassee, FL. 32399

Dear Sir or Madam:

I'm writing this letter as a request to waive the \$600 reinstatement fee for 3T Technologies. We did not receive the paper work for the Annual Report, therefore was unaware of the need to file. We will file the necessary paper work in the future in a timely manner.

Thanks in advance for your assistance on this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Corey D. Tate'.

Corey D. Tate