

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000000064

1. Corporation Name

TMT ALLOCATIONS INC

2. Principal Office Address - No P.O. Box #

120 SEVERINO DRIVE

Suite, Apt. #, etc.

City & State

ISLAMORADA, FL

Zip

33036

Country

USA

3. Mailing Office Address

120 SEVERINO DRIVE

Suite, Apt. #, etc.

City & State

ISLAMORADA, FL

Zip

33036

Country

USA

7. Name and Address of Current Registered Agent

Name

LEROY E. TRUEX

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

120 SEVERINO DRIVE

Suite, Apt. #, Etc.

City

ISLAMORADA

State

FL

Zip Code

33036

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

Leroy E. Truex

REGISTERED AGENT MUST SIGN

Date

3/26/09

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	MARTIN TRUEX	12428 COCONUT ROW RD	PALM BEACH GARDENS, FL 33410
VP	JAMES MEYERS	10 S. EXUMA RD	KEY LARGO, FL 33037
SEC	LEROY E. TRUEX	120 SEVERINO DRIVE	ISLAMORADA, FL 33036

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 contained in Chapter 119, 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:

Leroy E. Truex
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/09
Date

609 975-1109
Daytime Phone #

FILED

09 MAR 30 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700147974617
03/30/09--01045--009 **1508.75

REINSTATEMENT 04-09

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/2002

5. FEI Number
22-2617875

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.