

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS  
WDB-8180

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 13 PM 4:00

DOCUMENT # P02 000064073

1. Corporation Name

L.T.A.T. Inc

2. Principal Office Address

2375 W. Herman Ave.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Zip

32505

Country

USA

Zip

Country

**REINSTATEMENT**

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

9/02

5. FEI Number

352171506

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

Troy Thigpen

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

1409 E. Stetson Dr.

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32922

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

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	Troy Thigpen	1409 E. Stetson Dr.	Cocoa FL 32922
VP	Andrew Lombardi	3272 Copper Ridge Cir	Pensacola FL 32533

000073509370  
05/01/06--01055--029 \*\*450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-10-06

Daytime Phone #

850-554-2040

111428

2/2

**APRIL 10, 2006**

**To: Florida Department of State  
Division of Corporations**

**Federal ID #352171506**

**Corporation Name: L.T.A.T. Inc.**

**Reference Number: P02000064073**

**I, Troy Thigpen CEO of L.T.A.T Inc, would like to have the reinstatement fee waived for 2004 until present time. I did not receive an annual report stating that it was time to renew my corporation. The reinstatement fee is \$600.00. If you have any questions or concerns please feel free to contact me at my office (850)-494-0329 or on my cell at (850)-554-2040. My office hours are Monday through Friday 8:00 am to 5:00 pm. Attached are copies of the originals you all returned to me.**

**Thank You,**



**Troy Thigpen, CEO**