CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 16 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO2000122438*

1. Corporation Name
T & B Enterprises & Company, Inc

REINSTATEMENT 03-04

2. Principal Office Address
6245 Miramar Park Way

Suite, Apt. #, etc.

City & State
Miramar, FL

Zip
33023
Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
11-13-2002

5. FEI Number
16 1663747
| 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 *Philip A. Taylor*

Street Address (P.O. Box Number is Not Acceptable)
5780 NW 60 Ave

r000402240097
08/16/04--01079--022   **908.75

Suite, Apt. #, Etc.
Apt # F2

City
Tamarac
State
FL
Zip Code
33319

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 _*PH Taylor*_
REGISTERED AGENT MUST SIGN

Date _*8/13/04*_

CR2E081 (01/04)

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
VP	Lee McKenzie	6745 SW 164 Ave	Miami, FL 33193
D	Francis Curry	6245 Miramar Parkway	Miramar, FL 33023
PD	Philip A Taylor	5780 NW 60 Ave #F2	Tamarac, FL 33319

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: _*PH Taylor*_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/04
Date

Daytime Phone #