PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000128081 DOCUMENT #

1. Corporation Name

T & T FAMILY, INC.

Principal Place of Business

Mailing Address

City & State

Zip

8585 TUBBS RANCH ROAD SEBRING FL 33876

Suite, Apt. #, etc.

City & State

Zip

8585 TUBBS RANCH ROAD SEBRING FL 33876

If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.

Country

Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

8585 - TUBBS RANCH RO

37-1454099

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

FILED

03 OCT 13 PM 2:34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PEINSTATEMENT 03

\$8.75 Additional Fee required

12/04/2002

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7. N	ames a	and Street Address	es of Each Officer and	or Director (Flo	rida nonprof	fit corporation	ns must list a	t least 3 dir	ectors)			
Title(s)		Name of Officers and/or Directors			Street Address of Each Officer and/or Director					City / State / Zip		
D,	P	TUBBS, MARK H SR			8585 TUBBS RANCH ROAD				·	SEBRING FL 33876		
D,	VP	TUBBS, JULIE I	E		8585 TU	BBS RANC	H ROAD			SEBRING FL 33876		
								<u>. </u>		 	1 C 1 /	
					}		 	1	10/13/	002376 030103301	5 **150.00	
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent					
			· — —				Name					

TUBBS, MARK H SR

Country

8585 TUBBS RANCH ROAD SEBRING FL 33876

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-10-03

11. I certify that I and 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:

T & T Family, Inc. 8585 Tubbs Ranch Road Sebring, Florida 33876

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314-6327

October 10, 2003

Dear Sirs,

Enclosed is our completed Application For Reinstatement and the UBR filing fee of \$150.00. We incorporated at the end of 2002 and were not aware of this filing requirement. We never received any prior UBR notices. Your notice of dissolution and Application For Reinstatement is the first notice we have received from your office. Since we never received any prior UBR notices we respectfully request that you waive the reinstatement fee.

Thank you for your co-operation in this matter.

Sincerely,

Julie E. Tubbs Vice President

T & T Family, Inc.