

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000091250

1. Entity Name
TT CONTRACTORS, INC



FILED

07 MAR 14 AM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8400 NW 21ST STREET
SUNRISE, FL 33322

Mailing Address
8400 NW 21ST STREET
SUNRISE, FL 33322

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
8400 NW 21 ST
Suite, Apt. #, etc.

City & State
SUNRISE FL

Zip
33322

Country
USA



00232007 REINMP CR2E098 (1/07) 07

4. FET Number
20-3059055

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ELIS, DWENE
8400 NW 21ST STREET
SUNRISE, FL 33322

7. Name and Address of New Registered Agent
Name
DWAINE A. ELLIS
Street Address (P.O. Box Number is Not Acceptable)
8400 NW 21 ST
City
SUNRISE FL Zip Code
33322

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dwaine A. Ellis* DATE 02-07-2007

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELIS, DWENE 8400 NW 21ST STREET SUNRISE, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dwaine A. Ellis* DATE 02-07-2007 941-232 8079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell MAR 14 2007