

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

07 DEC -3 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BY 12-5-07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000143707

1. Corporation Name

T+T Contracting Group, Inc.

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

900 Lake Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Zip

32701

Country

USA

Zip

Country

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida

Oct. 21, 2005

5. FEI Number

20-3721133

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

Linda R. Thomas

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

900 Lake Ave

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32701



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.

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

Linda R. Thomas

REGISTERED AGENT MUST SIGN

Date 11-27-07

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/v	Linda R. Thomas	900 Lake Ave.	Altamonte Springs FL 32701

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12/03/07--01079--005 **1050.00

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:

Linda R. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-27-07

Date

407-831-5150

Daytime Phone #