

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra L. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P35381**

1. Corporation Name

T-One, Inc.

Principal Place of Business

Mailing Address

2300 West Park Place Blvd.
Stone Mountain, GA 30087

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.

#146

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/4/91

5. FEI Number

58-1625860

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED []

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Mike Cammarata	2111 Hidden Mill Run	Snellville, GA 30078
Vice Pres.	Mark Brown	349 Quail Creek	Monroe, GA 30655
Vice Pres.	Dennis Brown	329 Quail Creek	Monroe, GA 30655
			000002362910-8
			-12/04/97-01067-008
			***1410.00 ***1410.00
			REINSTATEMENT 93-97
			VS NOV 24 1997

8. Name and Address of Current Registered Agent

Jeff Scroggins
647 Mimosa Blvd.
Roswell, GA 30075

9. Name and Address of New Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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.

Signature of
Registered Agent

Dale Morris

REGISTERED AGENT MUST SIGN

Date

9/18/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS BROWN

9/16/97
Date

770-413-1544
Daytime Phone #