APPLICATION	ALL INSTRUCTIONS FLORIDA DEPARTMEN Katherine Ha	T OF STATE	PLETING THIS FORM.
FOR REINSTATEMENT	Secretary of S	tate	FILED
DOCUMENT # 69300034050			99 SEP 27 AM 10: 35
1. Corporation Name TNT HOLDINGS INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 22041 STATE ROAD 7 + SAME 99			
BOCA RATON. FLORIDA 33428		Harris Control of the	
If above addresses are incorrect in any way, line through incorporation and enter correction below. New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc.		Applicable 4. Da	te Incorporated or Qualified Do Business in Florida 05-11-1993
City & State	City & State		Number Applied For Not Applied For Not Applied Del
Zip Country	Zip Country	6. CE	RYIFICATE 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) Name of Officers Street Address of Each Officer and/or Directors Officer and/or Director Officer and/or Director			
PN/T KAMAL D. PATE	3 (DO NOT Use Post Office Box Numbers) 4 "EL 22041 STATE ROAD 7 BOCA RAT		BOCA RATON, FL 33428
			BOCA RATION, FL 33428
			300030074634 -10/06/9901062010 ***1508.75 ***1508.75
8. Name and Address of Current	Registered Apont	Q Ns	me and Address of New Registered Agent
KAMAL D. PATEL. 22041 STATE ROAD 7		Name SAME Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #, Etc.	
City State FL Zip Code To 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	SISTERED AGENT MUST SIGN		Date 9-20-99
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No V (See other side for informat 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 PR	NTED NAME OF SIGNING OFFICER OR I	DIRECTOR	-20-99 (56))482-7200 See G182/99