

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 DEC 19 PM 5:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006781

1. Corporation Name

T T I EXPORT, CORP

W06-52805

2. Principal Office Address

4909 NW 52 COURT

Suite, Apt. #, etc.

City & State

TAMARAC

Zip  
33319

Country  
USA

3. Mailing Office Address

4909 NW 52 COURT

Suite, Apt. #, etc.

City & State

TAMARAC

Zip  
33319

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/18/1994

5. FFL Number

65-0462372

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 97-06

**7. Name and Address of Current Registered Agent**

Name

ELSA HINESTROSA

12/06/06 01039 007 —

\$600.00

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

4909 NW 52 COURT

12/06/06 01039 008 —

\$750.00

Suite, Apt. #, Etc.

City

TAMARAC

State  
FL

Zip Code  
33319

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

*Elsa Hinestroza*

Date 12/01/2006

REGISTERED AGENT MUST SIGN

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
PST	ELSA HINESTROSA	4909 NW 52 COURT	TAMARAC, FL 33319

900082740879  
12/22/06--01029--020 \*\*165.00

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:

*Elsa Hinestroza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/2006

Date

786-439-7877

Daytime Phone #

Miami, December 1<sup>st</sup>, 2006

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: **T T I EXPORT, CORP**  
Doc Number P94000006781

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$1515.00 to cover the following fees:

1997 Uniform Business Report  
1998 Uniform Business Report  
1999 Uniform Business Report  
2000 Uniform Business Report  
2001 Uniform Business Report  
2002 Uniform Business Report  
2003 Uniform Business Report  
2004 Uniform Business Report  
2005 Uniform Business Report  
2006 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1994.

Your consideration will be greatly appreciated.

Sincerely,

*Elsa Hinestrosa*

Elsa Hinestrosa  
President  
4909 NW 52 Court  
Tamarac, FL 33319