

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 23 PM 1:14


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-04

900033597199

04/23/04--01010--001 **1208.75

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031681

1. Corporation Name

G.T.T. CONSULTANTS

2. Principal Office Address

385 COLONET CIR

Suite, Apt. #, etc.

3. Mailing Office Address

385 COLONET CIR

Suite, Apt. #, etc.

City & State

WESTON FLORIDA

City & State

WESTON FLORIDA

Zip

33326

Country

USA

Zip

33326

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

4-21-95

5. FEI Number

593316293

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

GEORGE TARSIANO

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

385 COLONET CIR

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-19-04

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
<u>P.T.S.</u>	<u>GEORGE TARSIANO</u>	<u>385 COLONET CIR</u>	<u>WESTON FL 33326</u>

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-19-04

Daytime Phone #

954-614-1444

CR2001 (01/04)

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