

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

97 DEC 26 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000003031

Corporation Name  
TT USA, INC.



Principal Place of Business  
2747 SOUTHWEST 27 AVENUE  
MIAMI FL 33133

Mailing Address  
2747 SOUTHWEST 27 AVENUE  
MIAMI FL 33133

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/10/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0630626	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	ARROYO, FORTUNATO	2747 SOUTHWEST 27 AVENUE	MIAMI FL 33133
VD	SABINO, FERNANDO	2747 SOUTHWEST 27 AVENUE	MIAMI FL 33133
			000002384940--9
			-12/23/97--01123--036
			****750.00 ****750.00
			REINSTATEMENT 1997
			A. Alan
			12/26/97

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name FORTUNATO ARROYO  
Street Address (P.O. Box Number Is Not Acceptable) 3605 CBJEUNK RD.  
Suite, Apt. #, Etc.  
City MIAMI State FL Zip Code 33146

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

REGISTERED AGENT MUST SIGN

Date 10-24-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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

FORTUNATO ARROYO

Date

10-24-97

Daytime Phone #

TEL 305-854-7600