

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000064297**

1. Corporation Name

T.T. GP HOLDINGS, INC.

Principal Place of Business

ONE PARK PLACE, SUITE 450
621 N.W. 53 STREET
BOCA RATON FL 33487

Mailing Address

ONE PARK PLACE, SUITE 450
621 N.W. 53 STREET
BOCA RATON FL 33487

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1996

5. FEI Number

65-0688909

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WEISSMAN, RICHARD S.	621 NW 53RD ST. SUITE 450	BOCA RATON FL 33487
VPT	RUBIN, GARY	621 NW 53RD ST. SUITE 450	BOCA RATON FL 33487
VPS	SCHILLER, MARK	621 NW 53RD ST. SUITE 450	BOCA RATON FL 33487
VP	O'BYRNE, DEBBIE	621 NW 53RD ST. SUITE 450	BOCA RATON FL 33487
VP	SMITH, LARRY	621 NW 53RD ST. SUITE 450	BOCA RATON FL 33487

P/T/D Alfred R. Novas

621 N.W. 53rd Street, Suite 450 Boca Raton, FL 33487

8. Name and Address of Current Registered Agent

WARLEN, NEESA B
621 NW 53RD STREET
SUITE 450
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name
Ira L. Young, Esq.
Street Address (P.O. Box Number is Not Acceptable)
621 N.W. 53rd Street
Suite, Apt. #, Etc.
Suite 450
City
Boca Raton

200003070312-3

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0406, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/7/99

11. 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 in person.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alfred R. Novas, Director

Date

12-7-99 561-237-2205

Daytime Phone #

APPROVED
AND
FILED

99 DEC -8 PM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



APPLICATION FOR REINSTATEMENT
FOR
T.T. GP HOLDINGS, INC.

<u>Title</u>	<u>Name of Officers And/or Directors</u>	<u>Street Address of Each Officer and/or Director</u>	<u>City/State/Zip</u>
VP/S/D	Mark Schiller	621 N.W. 53 rd Street Sulte 450	Boca Raton FL 33428