

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # **P96000102117**

1. Corporation Name

T.T Falls Church, Inc.

2. Principal Office Address

621 NW 53 Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 450

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33487

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/18/1996

5. FEI Number

650729291

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875. Additional Fee required
for a Certificate of Status

REINSTATEMENT

99.00

7. Name and Address of Current Registered Agent

Name

Ira Young, Esq.

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

621 NW 53 Street

Suite, Apt. #, Etc.

Suite 450

City

Boca Raton

State

FL

Zip Code

33487

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******900.00 ****900.00**

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

Ira Young

Date

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
VP	Mark Schiller	621 NW 53 Street, #450	Boca Raton, FL 33487

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. and 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:

Mark Schiller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/2000
Date

800-275-1235
Daytime Phone #

CR2E081 (9/99)