

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000017553					
1. Entity Name T N T COMMERCIAL GROUNDS MAINTENANCE INC.					
Principal Place of Business 136 SNELL ISLE BLVD. N.E. ST. PETERSBURG, FL 33704			Mailing Address 136 SNELL ISLE BLVD. N.E. ST. PETERSBURG, FL 33704		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3429504	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANG, JOSEPH H 669 FIRST AVE., N. ST. PETERSBURG, FL			Name <u>Vicki L. Sofranko</u> Street Address (P.O. Box Number is Not Acceptable) <u>136 Snell Isle Blvd NE</u> City <u>St Petersburg</u> <u>FL</u> Zip Code <u>33704</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>10/16/05</u>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SOFRANKO, JACK L 136 SNELL ISLE BLVD. N.E. ST. PETERSBURG, FL 33704		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000602674 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/21/05--01053--003 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SOFRANKO, VICKI L 136 SNELL ISLE BLVD. N.E. ST. PETERSBURG, FL 33704		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Hoberts OCT 26 2005 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			10/16/05		727-894-2444

FILED
 05 OCT 21 AM 9:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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