

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 10 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000018757

1. Corporation Name

TMT Industries, Inc.

2. Principal Office Address

5449 Benchmark Ln.

Suite, Apt. #, etc.

189

City & State

Sanford, FL

Zip

32773

Country

USA

3. Mailing Office Address

P.O. Box 486

Suite, Apt. #, etc.

—

City & State

Sanford, FL

Zip

32772-0486

Country

USA

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

02/27/97

5. FEI Number

593442746

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

Thomas F. Howe, III

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

5449 Benchmark Ln.

Suite, Apt. #, Etc.

189

City

Sanford

State

FL

Zip Code

32773

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

4/8/02

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 |
|--------|--------------------------------------|---|--------------------|
| P | Thomas F. Howe, III | 518 Tiberon Cove Dr. | Longwood, FL 32750 |
| V | Melissa D. Howe | 518 Tiberon Cove Dr. | Longwood, FL 32750 |
| S | Melissa D. Howe | 518 Tiberon Cove Dr. | Longwood, FL 32750 |
| T | Thomas F. Howe, III | 518 Tiberon Cove Dr. | Longwood, FL 32750 |
| | | | |
| | | | |

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]

Thomas F. Howe, III

4/8/02

407-718-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #