

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 29 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P97000034433*

1. Corporation Name

TTC Enterprises, Inc.

2. Principal Office Address

1670 NW Federal Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

1670 NW Federal Hwy

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34994

Country

USA

City & State

Stuart, FL

Zip

34994

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/97

5. FEI Number

65-0757458

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

Arnold, Thomas

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

1670 NW Federal Hwy

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

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

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
<i>P/V/T/ S/D/C/A</i>	<i>Thomas B. Arnold</i>	<i>1670 NW Federal Hwy</i>	<i>Stuart, FL 34994</i>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas B. Arnold

Date

9-25-03

Daytime Phone #

774 0778

CR2E081 (10/02)

9/30

**TTC ENTERPRISES INC
1670 NW FEDERAL HWY
STUART, FLORIDA 34994**

September 25, 2003

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Reference: Corporation Name: **TTC ENTERPRISES, INC.**
Document Number: **P97000034433**

Dear Sirs:

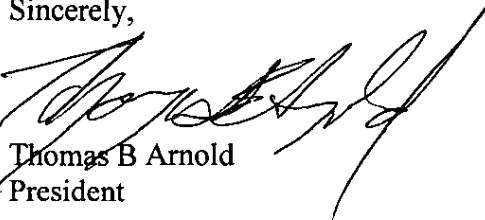
I recently found that my corporation has been dissolved as of September 19, 2003. I bought this corporation in October, 2002 and filed a change of corporate officers, etc in November, 2002. Paul Holley was still listed as Registered Agent and he probably received my UBR form. I **did not** receive the UBR Form 2003 for my corporation.

I am hereby requesting the reinstatement of **TTC ENTERPRISES INC** and the waiver of the reinstatement fee. To my knowledge, I did not receive either of the two prior uniform business report (UBR) notices mentioned in the Reinstatement Packet.

Accordingly, please find attached the completed application for reinstatement and the Corporation's check # 1143 in the amount of \$150.00 in payment of the appropriate UBR filing fee.

Thank you for your consideration in this matter. Please contact me at the address of record or via telephone at (772).692-0778-should any additional information be needed.

Sincerely,



Thomas B Arnold
President

Enclosures