

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED  
00 DEC 28 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000051596

**1. Corporation Name**

TNT, INC.

**2. Principal Office Address**

777 South Flagler Drive

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

USA

**3. Mailing Office Address**

15140 76th Trail North

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33418-7315

Country

USA

000003521490--7

-01/03/01--01016--002

\*\*\*\*908.75 \*\*\*\*908.75

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

6/10/1997

**5. FEI Number**

65-0762217

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

Teresa Magee

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

15140 76th Trail North

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418-7315

**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

*Teresa Magee*  
REGISTERED AGENT MUST SIGN

Date

12/27/00

**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
PSTD	Teresa Magee	15140 76th Trail North	Palm Beach Gardens, FL 33418-7315

REINSTATEMENT 99-00

T. LEWIS JAN 3 2001

**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:**

*Teresa Magee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/27/00

561-659-1993

Daytime Phone #