PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 JUN -2 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000062695

1. Corporation Name

TTI-Firestop, Inc.

2. Principal Office Address	**3.** Mailing Office Address
16880 Gator Road	16880 Gator Road
Suite, Apt. #, etc. Suite #114	Suite, Apt. #, etc. Suite #114
City & State Fort Myers Fla.	City & State Fort Myers Fla.
Zip 33912 Country U.S.A.	Zip 33912 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 07/08/1997

5. FEI Number 65-0773580 ☐ 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: Gene W. Smith

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-06/21/00--01082--017
***1050.00 ***1050.00

Street Address (P.O. Box Number is Not Acceptable): 10880 Ragsdale Str. S.E.

Suite, Apt. #, Etc.: Suite # 114

City: Fort Myers State: FL Zip Code: 34135

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: Gene W Smith — REGISTERED AGENT MUST SIGN — Date 5/17/00

CR2E081 (9/99)

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	Gene W. Smith	10880 Ragsdale St. S.E.	Bonita Springs, Fl. 34135
S	Gene W. Smith	10880 Ragsdale St. S.E.	Bonita Springs, Fl. 34135
		REINSTATEMENT 98.00 TS	

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: Gene W. Smith Gene W. Smith 5/17/00 1-941-437-9512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #