PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 25 PM 2:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000002675

1. Corporation Name

TNT COMMUNICATIONS GROUP, INC.

REINSTATEMENT 00-03

2. Principal Office Address	**3.** Mailing Office Address
506 NE 5 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL	City & State
Zip: 33483 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 01-08-1998

5. FEI Number: 52-2068681 ☐ 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 P. EICHAS

Street Address (P.O. Box Number is Not Acceptable): 506 NE 5 AVE

700018568417
05/08/03 01065 012 **120.00

Suite, Apt. #, Etc.:

City: DELRAY BEACH State: FL Zip Code: 33483

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: Thomas P Eichas Date: 4-23-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D	THOMAS EICHAS	506 NE 5 AVE	DELRAY BEACH, FL 33483
D	THOMAS KLEEMANN	506 NE 5 AVE	DELRAY BEACH, FL 33483

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: Thomas Eichas THOMAS EICHAS 561-279-2345

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