

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR RESTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000054485

99 OCT 25 AM 9:09

1. Corporation Name

TOTAL TECHNOLOGY LIMITED INC.

Principal Place of Business

Mailing Address

6805 WEST 15TH COURT
HIALEAH FL 33012

6805 WEST 15TH COURT
HIALEAH FL 33012



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

07-20-99 90016 002 \$550.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

8890 CORAL WAY
Suite, Apt. #, etc.
218

SAME
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1998

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PRE.	LAZARO M. AIFONSO	5805 WEST	Hialeah FL 33012
VP	LAZARO AIFONSO	9680 80th PL.	Hialeah FL 33014
SEC	JOSE ABELLA	1950 NW 56 ST	Hialeah FL 33016
TREA	GRISSEL AIFONSO	5805 WEST	Hialeah FL 33012

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALFONSO, LAZARO
5805 WEST 15TH COURT
HIALEAH FL 33012

Name

N/A

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

9-14-99

REGISTERED AGENT MUST SIGN

11. 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

[Signature]

Date

10-14-99

Daytime Phone #

305 2078553