

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000075797**

1. Corporation Name

T.T.O., INC.

Principal Place of Business

6352 HUNTINGTON LAKES CIRCLE #202
NAPLES FL 34119

Mailing Address

6352 HUNTINGTON LAKES CIRCLE #202
NAPLES FL 34119

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1998

5. FEI Number

EIN 59-3542522

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ECKHARDT, NANCY C	6352 HUNTINGTON LAKES CIRCLE #202	NAPLES FL 34119
D	DODD, BARBARA C	1000 HUNTINGTON DRIVE 6352 HUNTINGTON LAKES CIRCLE #202	NAPLES FL 34119 34119
			100003027281--8
			10/27/99 01100 021
			****750.00 ****750.00

REINSTATEMENT

99 TS

8. Name and Address of Current Registered Agent

ECKHARDT, NANCY C
5360 JAEGER ROAD
UNIT 3
NAPLES FL 34109

9. Name and Address of New Registered Agent

Name
ECKHARDT, NANCY C.
Street Address (P.O. Box Number is Not Acceptable)
6352 HUNTINGTON LAKES CIRCLE
Suite, Apt. #, Etc.
202
City
NAPLES
State
FL
Zip Code
34119

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Nancy C. Eckhardt

REGISTERED AGENT MUST SIGN

Date

10/18/99

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:

Nancy C. Eckhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/99
Date

Daytime Phone #

CR22340 (8/99)