PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED P99000105789 DOCUMENT # 00 OCT 20 AM 9: 53 1. Corporation Name SECRETARY OF STATE TALLAHASSEE. FLORIDA T AND T SERVICES OF PENSACOLA, INC. Mailing Address Principal Place of Business P.O. BOX 10008 6235 N. DAVIS HIGHWAY PENSACOLA FL. 22624 SUITE 102 PENSACOLA FL 32504 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 2. New Principal Office Address, If Applicable 12/02/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 5. FEI Number City & State 59 - 36/6809 City & State Not Applicable \$8.75 Additional Fee required Country Country Zip CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Name of Officers City / State / Zip Officer and/or Director Title(s) and/or Directors 2442 cavalla Loop Pensacola FL 35526 6470 Guilford Ln Pensocola FL 32514 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name SEARCY, SUZANNE V Street Address (P.O. Box Number is Not Acceptable) 6235 N. DAVIS HIGHWAY Suite, Apt. #. Etc. SUITE 102 PENSACOLA FL 32504 State Zip Code City 10. I, being appointed the egistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10/16/00 Signature of Registered Agent 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 filling 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.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0103638

2012

October 16, 2000

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

I am reapplying for reinstatement of my corporation, T and T Services of Pensacola, Inc.

Today I received my dissolution notice. I spoke to a representative on the phone and told her that I never received any notices before this dissolution notice. I am a new corporation (since December 99) and am not familiar or aware of the renewal process, therefore, this was a total surprise. I am requesting to be reinstated at the fee of \$150.00. I apologize for the oversight and can assure you that I am prompt with paying all fees incurred by my corporation and next year I will be expecting to receive a notice.

Thanking you in advance for your consideration.

Suzanne Searcy T and T Services of Pensacola, Inc. P.-O. Box 10008 Pensacola, FL 32514 850-479-1909