

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 23 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F02000000574

1. Corporation Name

**Tremcom International, Inc.**

**REINSTATEMENT**  
CR2E081 (1/07) 0307

2. Principal Office Address - No P.O. Box # 626 Wilshire Blvd		3. Mailing Office Address 626 Wilshire Blvd	
Suite, Apt. #, etc. 300		Suite, Apt. #, etc. 300	
City & State Los Angeles, Ca		City & State Los Angeles, Ca	
Zip 90017	Country USA	Zip 90017	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	02/01/2002
5. FEL Number 95-3922703	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Neil W. Boon*

Date 10/22/2007

REGISTERED AGENT MUST SIGN

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
CEO	Elias Saad	626 Wilshire Blvd 300	Los Angeles, Ca 90017
CFO	Richard Saad	626 Wilshire Blvd 300	Los Angeles, Ca 90017
V.P.	George Ashkar	626 Wilshire Blvd 300	Los Angeles, Ca 90017

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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 contained in Chapter 119, 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:

*Richard Saad*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2007

Date

213-833-0133

Daytime Phone #

B. Mitchell OCT 23 2007