

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FALL 2012
12 AUG -7 PM 9:40

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K42999

1. Corporation Name
Tremont-Florida, Inc.

REINSTATEMENT 91-12

2. Principal Office Address - No P.O. Box #
c/o Barry Brazer 2670 NE 215 Street

3. Mailing Office Address
c/o Barry Brazer 2670 NE 215 Street

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State
Aventura, FL

City & State
Aventura, FL

Zip
33180

Country
USA

Zip
33180

Country
USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 11/03/1988

5. FEI Number
46-0637661 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
Registered Services, LLC

Street Address (P.O. Box Number is Not Acceptable)
20818 West Dixie Highway

Suite, Apt. #, Etc

City
Aventura

State Zip Code
FL 33180

200238253162
08/07/12--01025--002 **3900.00

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 [Signature]
REGISTERED AGENT MUST SIGN

Date 8/2/2012

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
P/D	Edmond Totah	19667 Turnberry Way # 27-B	Aventura, FL 33180

AUG 07 2012
D. BUTLER

10. E-mail Address: nestor@nbglawfirm.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [Signature] Edmond TOTAH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/2/12 305-949-4637
Daytime Phone #