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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000008778

1. Corporation Name
TREMES, INC.

REINSTATEMENT 03-04

2. Principal Office Address 2250 SW 3rd Avenue		3. Mailing Office Address 2250 SW 3rd Avenue	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33129	Country U.S.A.	Zip 33129	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida **11/13/2002**

5. FEI Number **54-2088093** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent


Name **Vicente Rodriguez**

Street Address (P.O. Box Number is Not Acceptable) **2250 SW 3rd Avenue**

Suite, Apt. #, Etc. **Suite 201**

City **Miami, Florida** State **FL** Zip Code **33129**


8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, P.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date **1/28/04**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	Vicente Rodriguez	2250 SW 3rd Avenue, Suite 201	Miami, Florida 33129
D	Miguel Mora	2250 SW 3rd Avenue, Suite 201	Miami, Florida 33129
D	Guarone M. Diaz	2250 SW 3rd Avenue, Suite 201	Miami, Florida 33129

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 807 or 817, 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 807.0401 or 817.0401, 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 FILING OFFICER OR DIRECTOR Date **1/28/04** Copying Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

TREMES, INC.

Certificate of Status	0
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