PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAR 23 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005596

1. Corporation Name
The Trumpeter Foundation, Inc.
7757 SW 86 St. Suite C-109
Miami, FL 33143

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
Same	7757 SW 86 St C-109 ← New Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. C-109
City & State	City & State Miami FL
Zip / Country	Zip 33143 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/22/95

5. FEI Number 650622178 ☐ 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: Martiele P. Swanko

Street Address (P.O. Box Number is Not Acceptable): 7757 SW 86 St.

800030940698
03/23/04--01095--002 **122.50

Suite, Apt. #, Etc.: C-109

City: Miami | State: FL | Zip Code: 33143

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: Martiele P. Swanko — Date: 3-16-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D	Dennis Gordon	6741 Sunrise River Plantation, FL 33313	Plantation, FL 33313
D/S	Marc Stockwell	7757 SW 86 St C-109	Miami FL 33143
P/D	Martiele P. Swanko	7757 SW 86 St C-109	Miami, FL 33143

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 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: Martiele P. Swanko Pres. — 3-16-04 — (305) 274-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Martiele P. Swanko, President

The Trumpeter Foundation
7757 SW 86th Street, C-109
Miami, Florida 33143
(305)274-4880

March 16, 2004

Department of State
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314

Attn: Reinstatement Division

To Whom It May Concern:

I am writing you today to request you to waive the reinstatement fees for the above non-profit corporation because we never received The Annual Report for 2003.

We did moved twice since our last report was filed. However, the Post Office was notified both times of our moves.

I respectfully ask you to consider waiving the late fees of $175.00. I have enclosed a check for $122.50 that will make the corporation current as of this year.

Thank you in advance for your time and consideration regarding the above.

Sincrerely,

MARTIELE P. SWANKO
Executive Director/President
The Trumpeter Foundation, Inc.

PS Please note the change of address above. This is our present address.