PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| · · · · · · · · · · · · · · · · · · ·   | ALL MOTHOD HONG BEFORE   | ONI ELTINO TINOTORNI.  |
|---|--|--|
| LIMIT AD ALE TY  OMF NY  OMF NY  S Jeton State  |  | 303 OCT 15 AN 8: 00  |
| DOCUMENT# LOJOOO0 339割73  |  | SECRETARY OF STATE TALLAHASSEE, FLORIDA  |
| IDARA, LL   | C  |  |
| 2. Principal Office Address   | 3. Mailing Office Address  |  |
| 345 W. 74th Place   | 345 W. 74 Place  | 4. State/Country of Formation  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.  | Fla. /USU  |
|   | ,  | 5. Date Organized or Qualified To Do Business in Florida 9/4/0 2                             |
| City & State  | City & State   | 6. FEI Number Applied For  |
| Whire Fr.   | Midai FP.  | 51-0429792   Not Applicable  |
| 33014 USA   | 33014 Country U.S.A.   | 7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status |
|   | 8. Name and Address of Current Register  | ed Agent   |
| Name  | C Cause o  |  |
| JERALD C. CANTOR  Street Address (P.O. Box Number is Not Acceptable)  301023816408  |  |  |
| 4000 Hollywood Blvd. 10/15/0301048003 **151.00  |  |  |
| Suite, Apt. #, Etc. 265 5   |  |  |
| City Hollywood  |  | State Zip Code FL 330 9 1  |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Date /0//0/03  |  |  |
| Signature of Registered Agent Date/0//0/03  |  |  |
| REGISTERED AGENT MUST SIGN  |  |  |
| 10. Names and Street Addresses of Managing Mer  | mbers/Managers   |  |
| Titles Name of Managing Members/Manag   | Street Address of Each<br>ers Managing Member/Mana   |  |
| PM STEVEN ZAO   | 16:70 345 W. 74  | 4 Pl. Wirm. Fl. 33014  |
| 5.M. Stuart Green   | ustrin 345 W. 24th   | Pl. Wisteri FR- 33014  |
| TM. BRUND WE.   | wdozu 345 W. 74th  | Pl. Whire FR- 3304   |
|   |  |  |
|   | TO THE STATE OF TH | PREFERENCE CONTRACTOR  |
| <u> </u>  | 607.468  | ATTIENT OB   |
|   |  | da   |
| 11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company nave been paid. 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 of Managing Member/Manager Date 10/10/03 Daytime Phone # 305 18 20 - 3232   |  |  |
| Typed or printed name of signing Managing Member/Manager BRYNO MENDOZA, WYNGPER   |  |  |



## PHILLIPS, EISINGER & BROWN, P.A. Attorneys at Law

Presidential Circle, Suite 265-S 4000 Hollywood Boulevard Hollywood, Florida 33021 Telephone: (954)894-8000 Facsimile: (954)894-8015 email: JCantor@peplawyers.com

October 14, 2003

## Via Federal Express

Division of Corporations Registration Section 409 East Gaines Street Tallahassee, Florida 32399

Re: Trimco Holdings, LLC, Idara, LLC, and Trim Solutions Enterprises, LLC

Dear Sir/Madam:

We are enclosing the Limited Liability Company Reinstatement Forms for each of the above referenced limited liability companies.

Also enclosed are three checks to the Secretary of State in the sum of \$155.00.

Please reinstate the companies as soon as possible and forward to us certificates of status.

Thank you for your attention to this matter.

Yours very truly,

JERALD C. CANTOR

For the Firm

JCC:rkj

Enclosures

 $H: Verry's \ Files \ Robin \ ROBINSON \ secretary of state. It. wpd$