	PLEASE REA	, D ALL INSTRI	JCTIONS BEFORE		NG THIS FORM		
PLEASE READ ALL INSTRUCTIONS BEFORE LIMITED LIABILITY COMPANY REINSTATEMENT				E	DIVISION OF CORPORATIONS 06 OCT -2 AM 10: 45		
DOCUMENT # L03000038819 1. Limited Liability Company's Name TRUMP INTERNATIONAL HOLDINGS LLC							
2. Principal Office Address 3. Mailing 10920 SW 134 CT 10920			Address W 134 CT		CR2E041 (8/05)		
Suite, Apt. #			Suite, Apt. #, etc.		Al State/Country of Formation FLORIDA S. Date Organized or Qualified		
City & State	1I-FLORIDA	City & State MIAMI-F	City & State MIAMI-FLORIDA		Number 0521523 Not Applied For Not Applicable		
^{zip} 33186	Country	^{Zip} 33186	Country USA	7.		00 Additional Fee required	
Name PATRICIA JACOBS Street Address (P.O. Box Number is Net Acceptable) 10920 SW 134 COURT Suite, Apt. #, Etc. Cit AMI FL 33186 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 09-18-06							
REGISTERED CENT MUST SIGN							
Titles	s and Street Addresses of Managing Name of Managing Members/Ma		Street Address of Each Managing Member/Manager		City / State / Zip		
MGRM	GLORIA BACKUS		2100 CORAL GATE DR.		MIAMI-FLORIDA 33145		
				1 0 10/02	10080366 /0601056007	551 **200.00	
				<u>sin Pitti</u>	05-06		
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 filing 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 have 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 Manager							
Typed or printed name of signing Managing Member/Manager GLORIA BACKUS							

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