

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -2 AM 10:45

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000038819

1. Limited Liability Company's Name

TRUMP INTERNATIONAL HOLDINGS LLC

2. Principal Office Address

10920 SW 134 CT

Suite, Apt. #, etc.

3. Mailing Office Address

10920 SW 134 CT

Suite, Apt. #, etc.

City & State

MIAMI-FLORIDA

City & State

MIAMI-FLORIDA

Zip

33186

Country

USA

Zip

33186

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

10-10-2003

6. FEI Number

51-0521523

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

PATRICIA JACOBS

Street Address (P.O. Box Number is Not Acceptable)

10920 SW 134 COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

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

*Patricia Jacobs*  
REGISTERED AGENT MUST SIGN

Date 09-18-06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GLORIA BACKUS	2100 CORAL GATE DR.	MIAMI-FLORIDA 33145

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  
Managing Member/Manager

*Gloria Backus*

Date 09-18-06

Daytime Phone # 305-971-9001

Typed or printed name of signing Managing Member/Manager GLORIA BACKUS