

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
150.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -7 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000043917

1. Corporation Name

T.TRUMP,LLC

2. Principal Office Address - No P.O. Box #

6538 COLLINS AVE

3. Mailing Office Address

6538 COLLINS AVE

Suite, Apt. #, etc.

439

Suite, Apt. #, etc.

439

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33141

Country

USA

Zip

33141

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida.

1-1/12/2003

5. FEI Number

20-0386927

☒ 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 **TURGAY ERDEM**

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

6538 COLLINS AVE

Suite, Apt. #, Etc.

439

City **MIAMI BEACH**

State **FL**

Zip Code **33141**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **02/16/2007**

REGISTERED AGENT MUST SIGN

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
PRESIDENT	P/D/GM TURGAY ERDEM	6538 COLLINS AVE SUITE 439	MIAMI BEACH FL 33141
			300092373033 03/13/07--01039--013 **150.00

REINSTATEMENT

05-07

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 contained in Chapter 119, 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 SIGNING OFFICER OR DIRECTOR

02/16/2007
Date

786-223-9393
Daytime Phone #