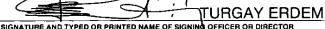
9-16-05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State 2007 MAR -7 AM 11: 01 REINSTATEMENT DIVISION OF CORPORATIONS 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 CR2E081 (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. 439 439 4. Date Incorporated or Qualified 1-1/12/2003 To Do Business in Florida. City & State City & State MIAMI BEACH FL MIAMI BEACH FL 20-0386927 33141 33141 USA 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee re for a Certificate of S 7. Name and Address of Current Registered Agent The reinstatement fee is imposed, except in TURGAY ERDEM circumstances which the entity did not receive 6538°COLLINS AVE the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. MIAMI BEACH 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 Date 02/16/2007 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Titles City / State / Zip Officers and/or Directors PRESIDENT P/D/GM TURGAY ERDEM 6538 COLLINS AVE SUITE 439 MIAMI BEACH FL 33141 300092373033 03/13/07--01039--013 **15 RENSTATEMENT 05

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 filling 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:



02/16/2007

786-223-9393

Daytime Phone #