

Charter Number Only

M36726

VALIDATION ONLY

Youngstern & Tannenbaum

Requestor's Name

17071 W. Dixie Hwy

Address

North Miami Beach FL 945-1351

City

State

ZIP

Phone

CORPORATION NAME

Trump Palm Beaches Corporation

Empire Corporate Kit Company

- Profit
- NonProfit
- Amendment
- Merger
- Foreign
- Dissolution
- Alien Business Organization
- Limited Partnership
- Change of Registered Agent
- Other

- Certified Copy
- Photo Copies
- Certificate Under Seal

- Walk In
- Will Wait
- Pick Up
- Mail Out

CERTIFIED COPY

| | | | |
|----------------|-----|-------------|----|
| Name | ACP | C. TAX | 30 |
| Availability | ACP | FILING | 15 |
| Document | ACP | R. AGENT | 3 |
| Updater | ACP | C. COPY | 30 |
| Veritas | HCA | TOTAL | 78 |
| Acknowledgment | ACP | N. BANK | |
| W.P. Verifier | | BALANCE DUE | |
| | | PAID | |
| | | PHOTOCOPY | |

M36726

FILED
MAY 13 11 3 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
TRUMP PALM BEACHES CORPORATION

The undersigned Incorporator has executed these Articles for the purpose of forming a corporation pursuant to the laws of the State of Florida.

ARTICLE I

NAME

The name of this corporation shall be:

TRUMP PALM BEACHES CORPORATION

ARTICLE II

DURATION

This corporation shall commence its existence on the date of filing of these Articles of Incorporation, and shall exist perpetually unless sooner dissolved according to law.

ARTICLE III

PURPOSE

It is the purpose of this corporation to engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV

CAPITAL STOCK

This corporation is authorized to issue one thousand (1,000) shares of One Dollar (\$1.00) par value common stock.

ARTICLE V

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 17371 West Dixie Highway, North Miami Beach, Florida 33160 and the initial registered agent of this corporation at that address is JEROME H. STERN.

ARTICLE VI

INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) Directors initially. The number of Directors may be increased or diminished from time to time by amendment of the By-Laws but shall never be less than one (1). The name and address of the initial Directors of this corporation are:

Donald J. Trump c/o Trump Organization
725 Fifth Avenue
New York, New York 10022

Robert S. Trump c/o Trump Organization
725 Fifth Avenue
New York, New York 10022

ARTICLE VII

INCORPORATOR

The name and address of the person signing these Articles is DONALD J. TRUMP, c/o Trump Organization, 725 Fifth Avenue, New York, New York.

ARTICLE VIII

INDEMNIFICATION

The corporation shall indemnify any Incorporator, Officer or Director, or any former Incorporator, Officer or Director, to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 4 day of AUGUST, 1986.

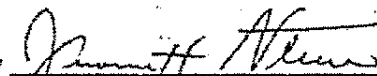


DONALD J. TRUMP

ACCEPTANCE OF REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN ARTICLE V OF THESE ARTICLES OF INCORPORATION, THE UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE COMPLETE DISCHARGE OF ITS DUTIES.

DATED THIS 11th DAY OF AUGUST, 1986.

By 

JEROME H. STERN

STATE OF NEW YORK :
 : SS.
COUNTY OF NEW YORK :

BEFORE ME, a Notary Public authorized in county and state set forth above, personally appeared DONALD J. TRUMP, known to me and known by me to be the person who, as Incorporator, executed the foregoing Articles of Incorporation of TRUMP PALM BEACHES CORPORATION, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the county and state aforesaid, this 14th day of August, 1986.

My Commission Expires:

NORMA I. FENDERER
NOTARY PUBLIC, State of New York
No. 31-4743494
Qualified in New York County
Commission Expires March 30, 1987


NOTARY PUBLIC, State of New York

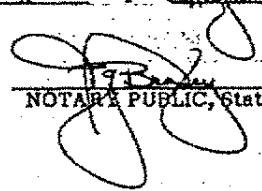
STATE OF FLORIDA :
 : SS.
COUNTY OF DADE :

BEFORE ME, a Notary Public authorized in county and state set forth above, personally appeared JEROME H. STERN, known to me and known by me to be the person who executed the foregoing Acceptance of Registered Agent of TRUMP PALM BEACHES CORPORATION, and he acknowledged before me that he executed that Acceptance of Registered Agent.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the county and state aforesaid, this 11th day of August, 1986.

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. APR 21, 1988
ISSUED UNDER GENERAL INT. 100.


NOTARY PUBLIC, State of Florida at Large

M36726

PRINTOUT SENT 8/12/87

LETTER SENT _____

CUS 8/12/87

REINSTATEMENT

FILED 12/2/87

INVOLUNTARILY

DISSOLVED 11/16/87

REINSTATEMENT 100

CUS 5

Registered Agent

Overpayment 00

72 Privilege Tax

73 Annual Report

74 Annual Report

75 Annual Report

76 Annual Report

77 Annual Report

78 Annual Report

79 Annual Report

80 Annual Report

81 Annual Report

82 Annual Report

83 Annual Report

84 Annual Report

85 Annual Report

86 Annual Report

87 Annual Report 25

TOTAL 150.00

REFUND

Trump Palm Beaches Corporation

CR2E05-1 (7-87)

| | | |
|---------------|-------|--------|
| 12/09/87 | 00064 | 003 |
| REINSTATEMENT | | 100.00 |
| ANNUAL REPORT | | 50.00 |
| TOTAL | | 150.00 |

NAME AVAILABLE _____

REINSTATED BY 8/12/87

UPDATER 8/12/87

UPDATER VERIFYER 12/4

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George Figgstone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

TRUMP PALM BEACHES CORPORATION
17071 West Dixie Highway
North Miami Beach, FL 33160

1736 726

Enter Change of Address of Corporation Principal Office, P.O. Box Number None is NOT Sufficient

Street Address
515 N. Flagler Drive

P.O. Box No.
P.O. Drawer 024626

City
West Palm Beach

State
Florida

Zip Code
33402-4626

If above address is incorrect in any way, enter the correct address in item 2, include Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: **08/13/86**

4. Federal Employer Identification Number (FEIN):

5. Date of Last Report: **none filed**

6. Names and Street Addresses of Each Officer and Director, as of December 31, **MMX 1986**

| Names of Officers and Directors | Title | Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers) | City and State |
|---------------------------------|-----------|--|---------------------------|
| Donald J. Trump | Dir. | 725 Fifth Avenue | New York, NY 10021 |
| Lee Iaccoca | Dir. | P.O. Box 1919 | Detroit, MI 48288 |
| Donald J. Trump | Pres. | 725 Fifth Avenue | New York, NY 10021 |
| Charles A. Lubitz | V.P. | 515 N. Flagler Drive | West Palm Beach, FL 33401 |
| Blanche Sprague | V.P. | 725 Fifth Avenue | New York, NY 10021 |
| Michelle Goodstein | V.P. | 725 Fifth Avenue | New York, NY 10021 |
| Robert S. Trump | Sec-Treas | 725 Fifth Avenue | New York, NY 10021 |

7. Name and Address of Current Registered Agent

Jerome H. Stern
17071 West Dixie Highway
North Miami Beach, FL 33160

8. Name and Address of New Registered Agent

CHARLES A. LUBITZ, ESQ.
Street Address (Do NOT use P.O. Box Number)
515 N. Flagler Drive
City, State and Zip Code
West Palm Beach, FL 33401

9. Pursuant to the provisions of Sections 607.304 and 607.307, Florida Statute, the above-named corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida. Such change was authorized by resolution of, adopted by its board of directors on _____.

I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of Section 607.305 F.S.

SIGNATURE: Charles A. Lubitz DATE: Dec. 1, 1987
(If Registered Agent Accepting Appointment)

\$20.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 6)

Signature: Charles A. Lubitz Date: December 1, 1987

Typed Name of Signing Officer: **CHARLES A. LUBITZ** Title: **VICE PRESIDENT** Telephone Number: **(305) 832-5900**

11. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED.

\$5 additional fee required for a Certificate of Status.

LAW OFFICES

BOOSE CASEY CIKLIN LUBITZ MARTENS MCBANE & O'CONNELL

A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

BRUCE S. ALEXANDER
FLETCHER A. BALDWIN, III
JEROME S. BEER
WILLIAM W. BOOSE, III, P.A.
JOHN D. BOYAN
PATRICK J. CASEY, P.A.
ALAN J. CIKLIN, P.A.
COBY A. CIKLIN
ANN M. COLLETTE
MICHAEL W. CONNORS
ROBERT L. CRANK
S. JEANNE CURREN
FREDRIC E. EPSTIEN
MICHAEL M. GRESSER

MICHAEL D. GORDON
MICHAEL D. GREENE
LYNDA J. HARRIS, P.A.
DANIEL A. HERSHMAN
BRIAN B. JOSELYN
BRUCE O. KALEITA
CHARLES A. LUBITZ, P.A.
RICHARD L. MARTENS, P.A.
LOUIS W. MCBANE, P.A.
CLAUDIA M. MCKENNA
BRIAN M. O'CONNELL
PHIL D. O'CONNELL, JR., P.A.
JULIEANN RICO
SUSAN WILLIAMS

OF COUNSEL
PHILLIP D. O'CONNELL, SR. (907-1887)
HARRY A. GREENHALD

NORTHBRIDGE TOWER I - 10TH FLOOR
615 NORTH FLAGLER DRIVE
P.O. DRAWER 024026
WEST PALM BEACH, FLORIDA 33402-4826
TELEPHONE (305) 832-5900
TELECOPIER (305) 833-4209

FEDERAL EXPRESS

December 1, 1987

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Trump Palm Beaches Corporation

Dear Sirs:

In connection with the reinstatement of the above-referenced corporation,
please find enclosed:

- (a) Corporation Annual Report for the Year 1987
- (b) Application for Reinstatement of a Corporation Dissolved by
the Department of State
- (c) Certificate of Reinstatement
- (d) Firm check in the amount of \$150.00 to cover the cost of
filing the Annual Report (\$25.00); Reinstatement Fee (\$100.00);
Change of Registered Agent Fee (\$20.00); and Certificate of
Status (\$5.00).

An addressed envelope is enclosed for your convenience to insure the
prompt return of the Certificate of Status.

Very truly yours,


Fredric E. Epstien

FEB:tdb
Encls.

RECEIVED
07 DEC -2 11 54 86
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

LAW OFFICES

BOOSE CASEY CIKLIN LUBITZ MARTENS MCBANE & O'CONNELL

A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

BRUCE D. ALEXANDER
FLETCHER N. BALDWIN, III
JERALD B. BEER
WILLIAM N. BOOSY, III, P.A.
JOHN D. BOSTON
PATRICK J. CASEY, P.A.
ALAN J. CHALIN, P.A.
CORY J. CIKLIN
ANN M. COLLETTE
MICHAEL W. CONNORS
ROBERT L. CRANE
B. JEANNE CRIPPEL
FREDRIC E. EPSTEN
MICHAEL M. GIESBER

MICHAEL D. GORDON
MICHAEL D. GREENE
LYNDA J. HARRIS, P.A.
DANIEL A. HERSHMAN
BRIAN B. JOSELYN
BRUCE O. MALEITA
CHARLES A. LUBITZ, P.A.
RICHARD L. MARTENS, P.A.
LOUIS M. MCBANE, P.A.
CLAUDIA M. MCKENNA
BRIAN M. O'CONNELL
PHILIP D. O'CONNELL, JR., P.A.
JULIANN RICO
SUSAN WILLIAMS

OF COUNSEL
PHILLIP D. O'CONNELL, SR. (1907-1987)
KERRY A. GREENALD

NORTHBRIDGE TOWER I - 19TH FLOOR
315 NORTH FLAGLER DRIVE
P.O. DRAWER 024628
WEST PALM BEACH, FLORIDA 33402-4828
TELEPHONE (305) 832-5900
TELECOPIER (305) 833-4209

FEDERAL EXPRESS

December 1, 1987

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Trump Palm Beaches Corporation

Dear Sirs:

In connection with the reinstatement of the above-referenced corporation, please find enclosed:

- (a) Corporation Annual Report for the Year 1987
- (b) Application for Reinstatement of a Corporation Dissolved by the Department of State
- (c) Certificate of Reinstatement
- (d) Firm check in the amount of \$150.00 to cover the cost of filing the Annual Report (\$25.00); Reinstatement Fee (\$100.00); Change of Registered Agent Fee (\$20.00); and Certificate of Status (\$5.00).

An addressed envelope is enclosed for your convenience to insure the prompt return of the Certificate of Status.

Very truly yours,


Fredric E. Epstien

FEB:tdb
Encls.

DEC 1 3 08 PM '87

RECEIVED
DEC 2 24 5:46

**APPLICATION FOR REINSTATEMENT OF A CORPORATION
DISSOLVED BY THE DEPARTMENT OF STATE**

TRUMP PALM BEACHES CORPORATION

TO THE DEPARTMENT OF STATE
OF THE STATE OF FLORIDA

Pursuant to the provisions of Section 607.271(5) of the Florida General Corporation Act, the undersigned corporation hereby applies for reinstatement and submits the following statement:

1. The name of the corporation is Trump Palm Beaches Corporation.
2. The corporation is a Florida corporation and was incorporated on August 13, 1986.
3. The corporation was dissolved by the Department of State on the 16th day of November 1987.
4. The reason for the dissolution was that the corporation failed to file its annual report for the year commencing on the 1st day of January 1986, and ending on the 31st day of December, 1986.
5. The corporation has corrected said defect by filing an updated Annual Report for the year commencing on the 1st day of January, 1986, and ending on the 31st day of December, 1986, and remitting all fees as required by the applicable Florida statutes.

Dated: December 1, 1987

TRUMP PALM BEACHES CORPORATION

By: Charles A. Lubitz
Charles A. Lubitz
Vice President

**APPLICATION FOR REINSTATEMENT OF A CORPORATION
DISSOLVED BY THE DEPARTMENT OF STATE**

TRUMP PALM BEACHES CORPORATION

TO THE DEPARTMENT OF STATE
OF THE STATE OF FLORIDA

Pursuant to the provisions of Section 607.271(5) of the Florida General Corporation Act, the undersigned corporation hereby applies for reinstatement and submits the following statement:

1. The name of the corporation is Trump Palm Beaches Corporation.
2. The corporation is a Florida corporation and was incorporated on August 13, 1986.
3. The corporation was dissolved by the Department of State on the 15th day of November 1987.
4. The reason for the dissolution was that the corporation failed to file its annual report for the year commencing on the 1st day of January 1986, and ending on the 31st day of December, 1986.
5. The corporation has corrected said defect by filing an updated Annual Report for the year commencing on the 1st day of January, 1986, and ending on the 31st day of December, 1986, and remitting all fees as required by the applicable Florida statutes.

Dated: December 1, 1987

TRUMP PALM BEACHES CORPORATION

By: Charles A. Lubitz
Charles A. Lubitz
Vice President

**STATE OF FLORIDA
OFFICE OF THE DEPARTMENT OF STATE**

CERTIFICATE OF REINSTATEMENT

OF

TRUMP PALM BEACHES CORPORATION

The undersigned, acting on behalf of the Department of State, hereby certifies the approval and filing of the Application for Reinstatement of Trump Palm Beaches Corporation which was dissolved on the 16th day of November, 1987.

Dated:

Dec 2

1987

By:

Paul B. Harris

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

APPROVED

DO NOT WRITE IN THIS SPACE

CORPORATION

ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

110 315 22 11:11:20

Filing Fee of \$25 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

M36726
TRUMP PALM BEACHES CORPORATION
515 N. FLAGLER DRIVE
P.O. DRAWER 024626
WEST PALM BEACH, FL 33402

2 Enter Change of Address of Corporation Principal Office, P.O. Box Number Above is NOT Sufficient

Street Address 21

525 South Flagler Drive

P.O. Box No. 22

City and State 23

West Palm Beach, Florida

Zip Code 24

33401

If above address is incorrect in any way enter the correct address in item 2, include Zip Code

3 Date Incorporated or Qualified To Do Business in Florida

08/13/1986

4 Federal Employer Identification Number (FEIN)

58-1701486

5 Date of Last Report

12/02/1987

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1987

| 1 | 2 | 3 | 4 | 5 |
|---------------------------------|-------|--|--------------------|---|
| Names of Officers and Directors | Title | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State | |
| 1 TRUMP, DONALD J. | O/P | 725 FIFTH AVE. | NEW YORK, NEW YORK | |
| 2 LACROIX, LEE | | P.O. BOX 1919 N/A | SEBRING, FL | |
| 3 LUBITZ, CHARLES A. | V | 515 N. FLAGLER DRIVE | WEST PALM BCH., FL | |
| 4 SPRAGUE, BLANCHE | V | 725 FIFTH AVENUE | NEW YORK, NY | |
| 5 GOODSTEIN, MICHELLE | V | 725 FIFTH AVENUE | NEW YORK, NY | |
| 6 TRUMP, ROBERT S. | S/T | 725 FIFTH AVENUE | NEW YORK, NY | |

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

LUBITZ, CHARLES A., ESQ.
515 N. FLAGLER DRIVE
WEST PALM BEACH, FL 33401

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

9 Pursuant to the provisions of Sections 607.004 and 607.007, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.025 F.S.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10. If a foreign corporation, date first transacted business in Florida _____

11. I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. (Officer or Director signature must be listed in item 6.)

Signature
Donald J. Trump

Title
President

Date
March 1, 1988
Telephone Number
212-832-2000

12. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee
Required for a
Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

APPROVED

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

MAR 22 11:11:23

STATE BOARD

Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

M36726
TRUMP PALM BEACHES CORPORATION
515 N. FLAGLER DRIVE
P.O. DRAWER 024626
WEST PALM BEACH, FL 33402

If above address is incorrect in any way, enter the correct address in item 2, include Zip Code

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number None is NOT Sufficient

Street Address 21
525 South Flagler Drive

P.O. Box No. 22

City and State 23
West Palm Beach, Florida

Zip Code 24
33401

3. Date Incorporated or Qualified to Do Business in Florida: 08/13/1985

4. Federal Employer Identification Number (FEIN): 58-1701486

5. Date of Last Report: 12/02/1987

6. Names and Street Addresses of Each Officer and Director, As of December 31, 1987

| 1 | 2 | 3 | 4 | 5 |
|---------------------------------|-------|--|--------------------|---|
| Names of Officers and Directors | Title | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State | |
| TRUMP, DONALD J. | D/F | 725 FIFTH AVE. | NEW YORK, NEW YORK | |
| MACCOCK, LES | D | P.O. BOX 1915 N/A | DETROIT, MI | |
| LUBITZ, CHARLES A. | V | 515 N. FLAGLER DRIVE | WEST PALM BCH., FL | |
| SFRAGUE, BLANCHE | V | 725 FIFTH AVENUE | NEW YORK, NY | |
| GOODSTEIN, MICHELLE | V | 725 FIFTH AVENUE | NEW YORK, NY | |
| TRUMP, ROBERT S. | S/T | 725 FIFTH AVENUE | NEW YORK, NY | |

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

LUBITZ, CHARLES A., ESQ.
515 N. FLAGLER DRIVE
WEST PALM BEACH, FL 33401

8. Name and Address of New Registered Agent

Name 8*

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.007, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors or:

I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of, Section 607.025, F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, give first transacted business in Florida

11. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath (Officer or Director signature must be listed in item 6.)

Signature:

Date: March 1, 1988

Typed Name of Signing Officer or Director: Donald J. Trump

Title: President

Telephone Number: 212-832-2000

12. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

SS Additional Fee Required for a Certificate of Status

CHS/CSA (1/88)

REINSTATEMENT

FILED _____

INVOLUNTARILY

DISSOLVED

10-13-89

REINSTATEMENT

600

CUS

Registered Agent

Overpayment

72 Privilege Tax

73 Annual Report

74 Annual Report

75 Annual Report

76 Annual Report

77 Annual Report

78 Annual Report

79 Annual Report

80 Annual Report

81 Annual Report

82 Annual Report

83 Annual Report

84 Annual Report

85 Annual Report

86 Annual Report

87 Annual Report

88 Annual Report

89 Annual Report

35

TOTAL

135

REFUND

CR2E054 (1-89)

10/30/89--00005--014
REINSTATEMENT
REINSTATEMENT
ANNUAL REPORT
5.00

M36726

SECRETARY OF STATE
HALL
MARIETTA, GA
89 OCT 24 11:55

FILED

| | |
|-------------------|--------|
| Name Availability | M36726 |
| Document Examiner | GSH |
| Updater | GSH |
| Updater Verifier | GSH |
| Acknowledgement | GSH |
| W. P. Verifier | GSH |

CORPORATION
ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
 in Brief
 Secretary of State
 DIVISION OF CORPORATIONS

RECEIVED
 SECRETARY OF STATE
 89 OCT 24 AM 10:55
 PALM BEACH

Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation - Principal Office

Trump Palm Beaches Corporation
525 S. Flagler Drive
West Palm Beach, FL 33401

*Above address is intended to give you notice and correct address in item 2 - include Zip Code

2. Error Change of Address of Corporation - Principal Office - P.O. Box Number None is 1122 5042

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date incorporated or qualified to do business in Florida **2/7/86**

4. Federal Employer Identification Number **58-1701486**

5. Date of Last Report **3/22/88**

6. Name and Title and Address of Each Officer and Director, as of December 31, 1988

| 7. Title | 8. Name of Officers and Directors | 9. Street Address of Each Officer and Director (Do NOT use Post Office Box Number) | 10. City and State |
|----------|-----------------------------------|--|---------------------|
| D/P | Trump, Donald J. | 725 Fifth Ave. | New York, New York |
| V | Lubitz, Charles A. | 515 N. Flagler Drive | West Palm Beach, FL |
| V | Sprague, Blanche | 725 Fifth Avenue | New York, New York |
| S/T | Trump, Robert S. | 725 Fifth Avenue | New York, New York |

REGISTERED AGENT INFORMATION

11. Name and Address of Current Registered Agent

Lubitz, Charles A. Esq.
515 N. Flagler Drive, 19th Floor
West Palm Beach, FL 33401

Street Address 1 (Do NOT use P.O. Box Number, or) 12

Street Address 2 (Do NOT use P.O. Box Number) 13

City and State 14 **FL** Zip Code 15 **33401**

16. I, the undersigned, the president of Section 607.011 and 607.0127, Florida Statutes, the above named corporation, incorporated and under the laws of the State of Florida, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent herein named with and under the conditions of Section 607.011, 607.0127.

Signature of Registered Agent Accepting Appointment _____

17. If a foreign corporation, state the jurisdiction of incorporation.

The signature hereon shall be in ink and on the reverse side of this form.

18. I, the undersigned, an officer or director of the Corporation, the President or a duly empowered Executive, this Report as required by Chapter 607, F.S. I hereby certify that it is a true and correct copy of the Report and that the same complies with the requirements of Chapter 607, F.S. (Officer or Director signing must be filed in Block 9)

Name of Signing Officer or Director **Charles A. Lubitz** Title **Vice President** Telephone Number **(407) 832-5900**

19. Should you desire a certificate of status check the box

DEPARTMENT OF STATE

\$5 Additional Fee required for a Certificate of Status

LAW OFFICES

BOOSE CASEY CIKLIN LUBITZ MARTENS MCBANE & O'CONNELL

A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

BRUCE G. ALEXANDER
FLETCHER N. BALDWIN, III
JERALD S. BEER
WILLIAM P. BOOSE, III, P.A.
JOHN D. BOYAN
PATRICK J. CASEY, P.A.
ALAN J. CIKLIN, P.A.
CORY J. CIKLIN
MICHAEL W. CONNORS
ROBERT L. CRANE, P.A.
B. JEANNE CRIPPEN
FREDRIC E. EPSTEIN
MICHAEL M. GIESSEN
LEE B. GORDON
MICHAEL D. GORDON, P.A.
MICHAEL D. GREENE

DONALD H. GUSTAFSON, JR.
LYNDA J. HARRIS, P.A.
DANIEL A. HERSHMAN
DEBRA A. JENKS
BRIAN E. JOSLYN
BRIAN T. KING
CHARLES A. LUBITZ, P.A.
RICHARD L. MARTENS, P.A.
LOUIS P. MCBANE, P.A.
CLAUDIA M. MCBANNA
BRIAN M. O'CONNELL, P.A.
PHIL D. O'CONNELL, JR., P.A.
CARI A. PODESTA
JULIEANN RICO
STEPHEN L. SMOCHET
SUSAN WILLIAMS

PHILLIP D. O'CONNELL, SR. (907 1087)

OF COUNSEL
JOHN L. REMSEN
ALAN J. ROGERS
LEWIS M. SAND

NORTHBRIDGE TOWER I - 10TH FLOOR
515 NORTH FLAGLER DRIVE
PO DRAWER 324078
WEST PALM BEACH, FLORIDA 33402-4078
TELEPHONE (407) 832-5900
TELECOPIER (407) 833-4209

October 23, 1989

FEDERAL EXPRESS

Secretary of State, State
of Florida
409 East Gaines Street
Tallahassee, Florida 32314

Re: Trump Palm Beaches Corporation
Reinstatement

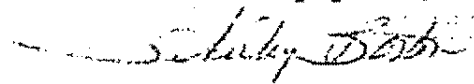
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OCT 24 11:09:55
FILED

Gentlemen:

We are requesting that the above referenced Corporation be reinstated. We have enclosed the fully executed 1989 Annual Report for Trump Palm Beaches Corporation and our check in the amount of \$135.00 representing \$100.00 reinstatement fee and the \$35.00 Annual Report fee.

Should you have any questions or require further information, please contact me at the phone number and address above.

Sincerely yours,



Shirley Boston
Corporate Assistant

smb
Enclosures

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

APPROVED
AND
FILED

1986

CORPORATION
ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
and
Secretary of State
DIVISION OF CORPORATIONS

850 MAR -7 AM 11:04
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Mailing Envelope
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporation Previous Office
M36726 1
ZIP + 4 PRESORT
TRUMP PALM BEACHES CORPORATION
525 S. FLAGLER DRIVE
WEST PALM BEACH, FL 33401-5925

If Address in Box A is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.
Street Address 21
P.O. Box No. 22
City and State 23
Zip Code 24

If above address is incorrect in any way, enter the correct address in box 2, include Zip Code.

Date of Incorporation in Florida 08/13/1986 FIC Number 58-1701486 FILING FEE Applied For FIC Number Not Applicable

Name and Street Address of Each Officer and Director (Do not use any correction paper or fail to supply exact information)

| 1 | 2 | 3 | 4 | 5 |
|------|------------------------------|--|--------------------|---|
| Type | Name of Officer and Director | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State | |
| P/D | TRUMP, DONALD J. | 725 FIFTH AVE. | NEW YORK, NY | |
| V | LUBITZ, CHARLES A. | 515 N. FLAGLER DRIVE | WEST PALM BCH., FL | |
| V | SPRAGUE, BLANCHE | 725 FIFTH AVENUE | NEW YORK, NY | |
| S/T | TRUMP, ROBERT S. | 725 FIFTH AVENUE | NEW YORK, NY | |

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent
LUBITZ, CHARLES A., ESQ.
515 N. FLAGLER DR., 19TH FLOOR
WEST PALM BEACH, FL 33401

Name and Address of New Registered Agent
Street Address 1 (Do NOT Use P.O. Box Number) 82
Street Address 2 (Do NOT Use P.O. Box Number) 83
City and State 84
Zip Code 85
FL.

I, the undersigned, being the duly qualified corporation, incorporated under the laws of the State of Florida, submit this statement to the Department of State as required by Chapter 607, F.S., and certify that the information furnished herein is true and correct to the best of my knowledge and belief.

Signature of Registered Agent Accepting Appointment
DATE

I, the undersigned, being the duly qualified corporation, incorporated under the laws of the State of Florida, submit this statement to the Department of State as required by Chapter 607, F.S., and certify that the information furnished herein is true and correct to the best of my knowledge and belief.

Signature of Donald J. Trump

Donald J. Trump
President

Date 3/31/90
Telephone Number 212-832-2929

CERTIFICATE OF STATUS REQUIRED

\$5 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jon Shen
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation **DOCUMENT # M36726 (1)**

TRUMP PALM BEACHES CORPORATION
525 S. FLAGLER DRIVE
WEST PALM BEACH, FL 33401-5922

ZIP + 4 PRESORT

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address
22 PO Box No
23 City and State
24 Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida: **08/13/1986**
4. FEI Number: **58-1701486**
5. **\$8.75 Additional Fee required for a Certificate of Status**
6. FEI Number Not Applicable: CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

| 1. Title | 2. Names of Officers and Directors | 3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | 4. City and State |
|--------------|------------------------------------|---|-------------------------|
| P/D | TRUMP, DONALD J. | 725 FIFTH AVE. | NEW YORK, NY |
| V | LUBITZ, CHARLES A. | 515 N. FLAGLER DRIVE | WEST PALM BCH., FL |
| V | SPRAGUE, BLANCHE | 725 FIFTH AVENUE | NEW YORK, NY |
| S/T | TRUMP, ROBERT S. | 725 FIFTH AVENUE | NEW YORK, NY |
| | | | |
| | | | |
| | | | |
| | | | |

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

LUBITZ, CHARLES A., ESQ.
515 N. FLAGLER DR., 19TH FLOOR
WEST PALM BEACH, FL 33401

8. Name and Address of New Registered Agent

81 Name
82 Street Address 1 (Do NOT Use P.O. Box Number)
83 Street Address 2 (Do NOT Use P.O. Box Number)
84 City
85 Zip Code

9. Pursuant to the provisions of Sections 607.0562 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.

I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE *X* _____ DATE *1/17/91*
Typed Name of Signing Officer or Director: **DONALD J. TRUMP** Telephone Number: _____
Title: **PRESIDENT**

FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

92 NOV -6 AM 11:49

Read Instructions on Other Side Before Making Entry
 Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # M36726**

TRUMP PALM BEACHES CORPORATION
 525 S. FLAGLER DRIVE
 WEST PALM BEACH, FL 33401

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

08/13/1986

4. FEI Number

58-1701486

FEI Number Applying For

FEI Number Not Applicable

5. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

| 1. Title | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City and State |
|----------|--------------------------------------|--|--------------------|
| P/D | TRUMP, DONALD J. | 725 FIFTH AVE. | NEW YORK, NY |
| V | LUBITZ, CHARLES A. | 515 N. FLAGLER DRIVE | WEST PALM BCH., FL |
| S/T | TRUMP, ROBERT S. | 725 FIFTH AVENUE | NEW YORK, NY |
| | | | |
| | | | |

REMOVED 92 Out 11/23

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

LUBITZ, CHARLES A., ESQ.
 515 N. FLAGLER DR., 19TH FLOOR
 WEST PALM BEACH, FL 33401

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

FL

Zip

9. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Charles Lubitz

REGISTERED AGENT MUST SIGN

Date 11/3/92

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the holder of 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, all taxes due on behalf of the corporation have been paid, and that all requirements of this application are true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director

Donald J. Trump

Date 11/2/92

Daytime Phone #

Typed or printed name of signing officer or director: Donald J. Trump