

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 MAR 25 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P 000000000 33*

1. Corporation Name

The Truman Family Corporation

2. Principal Office Address

4014 Chase Avenue

Suite, Apt. #, etc.

Suite 201

City & State

Miami Beach FL

Zip

33140

Country

US

3. Mailing Office Address

4014 Chase Avenue

Suite, Apt. #, etc.

Suite 201

City & State

Miami Beach FL

Zip

33140

Country

US

REINSTATEMENT *2001-2002*

4. Date Incorporated or Qualified
To Do Business in Florida

1/01/2000

5. FEI Number

65-0967087

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

Ambel Vining

Street Address (P.O. Box Numbers Not Acceptable)

4014 Chase Avenue

Suite, Apt. #, Etc.

Suite 201

City

Miami Beach

300005281623-5

-04/16/02-01027-026

****\$900.00 ***\$500.00*

State
FL

Zip Code

33140

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/14/01

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
<i>D</i>	<i>Alyber Vining</i>	<i>4014 Chase Avenue Suite 201</i>	<i>Miami Beach FL 33140</i>

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 under section 119.07(3)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/01

Daytime Phone #

CR2E081 (9/00)