

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000008015		
1. Entity Name TNT PLATINUM, INC.		

Principal Place of Business 2705 NW 87 TERRACE MIAMI, FL 33147	Mailing Address 320 FLAMING ROAD PMB 326 PEMBROKE PINES, FL 33027
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
04 OCT 18 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

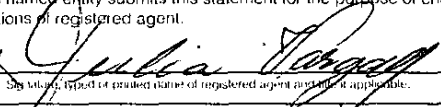


10122004 REIN-P CR2E098 (6/04)

4. FEI Number 65-1037121	Applied For ☐ Not Applicable
-----------------------------	--

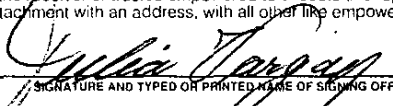
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VARGAS, JULIA 10016 SW 14TH STREET PEMBROKE PINES, FL 33025		Name Street Address (P.O. Box Number is Not Acceptable) 800041932668 10/18/04--01057--007 **150.00 City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	800041932668 10/18/04--01057--008 **150.00 DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST VARGAS, JULIA 12921 N.W. SECOND STREET PEMBROKE PINES, FL 33028 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST VARGAS, JULIA 2705 NW 87 TERR. MIA, FL 33147 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, JULIA 12921 N.W. SECOND STREET PEMBROKE PINES, FL 33028 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, JULIA 2705 NW 87 TERR MIA, FL 33147 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.	
SIGNATURE: 	10-13-04 954 588-9869 Date Daytime Phone #