PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 19 AM 10:38

DOCUMENT # P00000027255

1. Corporation Name
T. M. P. Investments, Inc.

500004745735--8
-12/31/01--01103--007
****750.00 ****750.00

REINSTATEMENT 01

2. Principal Office Address	**3.** Mailing Office Address
9395 SW 77 Ave.	11830 Boggy Creek Rd.
Suite, Apt. #, etc.: 3045	Suite, Apt. #, etc.:
City & State: Miami Fl.	City & State: Orlando Fl
Zip: 33156 Country: USA	Zip: 32824 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3-16-2000

5. FEI Number: *59-3703844 ☐ 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: Leonel Bernal
Street Address (P.O. Box Number is Not Acceptable): 11830 Boggy Creek Rd.
Suite, Apt. #, Etc.:
City: Orlando State: FL Zip Code: 32824

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: *EOBERJ Date: *12.06.01
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
MANAGER	LEONEL BERNAL	*11830 BOGGY CREEK	ORLANDO FL, 32824
✓	X	*	*

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 stated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *EOBERJ LEONEL BERNAL * 12.06.01
~~SIGNATURE AND TYPED OR PRINTED NAME OF~~ SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #