

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 24 AM 8:08

DOCUMENT # PO1000011134

1. Corporation Name

Tr. News Marketing Inc.

2. Principal Office Address

8535 S.W. 125 ST.

Suite, Apt. #, etc.

City & State

Miami FLORIDA

Zip

33156

Country

USA

3. Mailing Office Address

7700 N. KENDAL DRIVE

Suite, Apt. #, etc.

503

City & State

Miami FL.

Zip

33156

Country

USA

REINSTATEMENT

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1137327

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

Zahira Suzanne Housley

Street Address (P.O. Box Number is Not Acceptable)

8535 S.W. 125 STREET

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

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

7/24/06

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
<u>D</u>	<u>Zahira S Housley</u>	<u>8535 S.W. 125 ST</u>	<u>Miami FL 33156</u>

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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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/24/06

Daytime Phone #

Florida Department of State
Attn: Tr. How marketing Inc.

7/24/06
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Dear Sirs,

I am writing to inform the state of Florida
and to verify that I Zoraida S. Housley did not
receive my Annual report filing requests.

I am frequently making out of the country and
the forwarding of my mail has become an issue.
I would like to request a waiver of penalties
under the circumstances.

I am going to have my corporate filing sent to
my accounting firm to avoid this lapse in
the future. Since my Annual report documents
were not received from 2003 to present.

Sincerely,

Z. S. Housley