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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 29 PM 11:35

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000048303

1. Corporation Name

MICHAEL TRONN ENTERPRISES, INC.

REINSTATEMENT 05-05

2. Principal Office Address

1000 West Ave #

Suite, Apt. #, etc.

1110

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

1000 West Ave

Suite, Apt. #, etc.

1110

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/9/2001

5. FEI Number

65-1105164

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

07/05/05 01025 001 600⁰⁰

7. Name and Address of Current Registered Agent

Name

MICHAEL TRONN COOPER

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

1000 WEST AVE

Suite, Apt. #, Etc.

1110

City

MIAMI BEACH

State

FL

Zip Code

33139

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

Michael Tronn Cooper
REGISTERED AGENT MUST SIGN

Date Aug 2, 05

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
CEO	MICHAEL T. COOPER	1000 WEST AVE apt 1110	MB, FL 33139

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

Michael Tronn Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/05
Date

305 695 9646
Daytime Phone #

CR2E061 (01/05)

2 of 2



MICHAEL TRONN
ENTERPRISES, INC.

August 17, 2005

SUBJECT: MICHAEL TRONN ENTERPRISES, INC.
Ref # P0100048303

Dear Sir/Madam,

1. Please find the following items enclosed:
Reinstatement form with FEI number
Copy of the letters I have received
2. I am requesting that the reinstatement fee be waived. I did not receive any notification for renewal, and neither did my attorney.

Upon listening to the recorded instructions on your 800 number, it seems that the \$600 I sent in towards my reinstatement is in excess of what is due towards our reinstatement. I presume the remainder will be mailed.

I hope there are no more errors, but in the event there are, I welcome your correspondence.

Thank you.

Sincerely,

Michael Tronn Cooper