


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000054661			
1. Corporation Name TRM Enterprises, Inc.			
W06-11753			
2. Principal Office Address 2001 N. Ocean Blvd Suite, Apt. #, etc. #206 City & State Fort Lauderdale FL Zip 33305 Country Broward		3. Mailing Office Address 2001 N. Ocean Blvd Suite, Apt. #, etc. #206 City & State Fort Lauderdale FL Zip 33305 Country Broward	

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JUN 6 2006

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 05/25/2001	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 657111498	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name MARC TRAKHTENBERG		
Street Address (P.O. Box Number is Not Acceptable) 2001 N. Ocean Blvd Suite, Apt. #, Etc. #206		
City Fort Lauderdale	State FL	Zip Code 33305

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 Mark Trakhtenberg REGISTERED AGENT MUST SIGN	Date 2-26-06

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
PRES.	MARK TRAKHTENBERG	2001 N. Ocean Blvd #206	Fort Lauderdale FL 33305
V. PRES.	GABE TRAKHTENBERG	1549 N. Holliston Aven.	Pasadena Ca 91104

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: Mark Trakhtenberg / MARK TRAKHTENBERG 2-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #