06/03/2003 14:58 CORPDIRECT → 2050384 NO. 926 002

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -3 PM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100691

1. Corporation Name: TRS CAPITAL GROUP INC.

REINSTATEMENT 0603

2. Principal Office Address: 6039 CYPRESS GARDENS BLVD.
Suite, Apt. #, etc.: 260
City & State: WINTER HAVEN
Zip: 33884 Country: US

3. Mailing Office Address:
Suite, Apt. #, etc.:
City & State: FLORIDA
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/17/01

5. FEI Number: 710877383 ☐ 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: ROY SMITH
Street Address (P.O. Box Number Not Acceptable): 6039 CYPRESS GARDENS BLVD.
Suite, Apt. #, Etc.: 260
City: WINTER HAVEN State: FL Zip Code: 33884

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] Date: June 3/03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
PRESIDENT	ROY SMITH	6039 CYPRESS GARDENS BLVD STE 260	WINTER HAVEN FL 33884

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: [signature] ROY SMITH June 3/03 Daytime Phone # 864 420-6366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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Florida Department of State
Division of Corporations
Public Access System

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From:
Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

CORPORATION REINSTATEMENT

TRS CAPITAL GROUP INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00