

2003-2005

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 MAY -3 PM 5:55

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000 116862

1. Corporation Name

TM ENTERTAINMENT Group, Inc.
3115 NE 184 Street # 4203
Aventura, Fla. 33160

W05-20946

2. Principal Office Address

3115 NE 184 St.

Suite, Apt. #, etc.

4203

City & State

Aventura, Fla

Zip

33160

Country

USA

3. Mailing Office Address

3115 NE 184 St

Suite, Apt. #, etc.

4203

City & State

Aventura, Fla.

Zip

33160

Country

USA

REINSTATEMENT

03-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1158119

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

(TONY)

Antonio GAJATE

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

3115 NE 184 STREET

Suite, Apt. #, Etc.

4203

City

Aventura

State

FL

Zip Code

33160

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

Date 3/24/05

REGISTERED AGENT MUST SIGN

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
D	MARDA HERNANDEZ	3115 NE 184 St Unit 4203	Aventura, Fl. 33160
D	ANTONIO GAJATE (TONY)	3115 NE 184 St Unit 4203	Aventura, Fla. 33160

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tony Gajate

Date

3/24/05 305-932-9761

Daytime Phone #

CRZE081 (01/05)

ANDY DUNLOP

reference:PO1000116862

LETTER NUMBER: 505A00028648

I DID NOT RECEIVE THE ANNUAL REPORT NOTICES FOR
JANUARY AND JUNE IN 2003. MY ACCOUNTANT DID NOT
FILE THE NECESSARY DOCUMENTS TO KEEP MY CORPORATION
ACTIVE; THEREFORE MY CORPORATION WAS DISSOLVED IN
SEPTEMBER OF 2003 I HAVE BEEN INFORMED THAT I NEED TO
STATE THIS IN WRITING AND PAY A 450.00 FEE(ENCLOSED)
TO REINSTATE MY CORPORATION. I TRUST THIS WILL
REINSTATE MY CORPORATION TO ACTIVE STATUS.
PLEASE DIRECT ALL CORRESPONDANCE REGARDING
TM ENTERTAINMENT GROUP TO:

TONY GAJATE -CEO

3115 N.E. 184 STREET UNIT 4203

AVENTURA, FLA 33160

305 932 9761/305 467 9771

PLEASE INFORM ME IMMEDIATELY IF I NEED TO DO
ANYTHING ELSE TO RECTIFY THIS MATTER

THANKS FOR YOUR HELP ANDY.



TONY GAJATE