
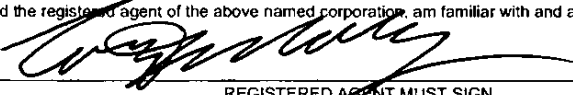
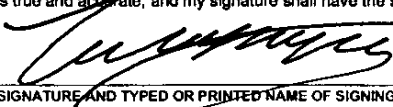


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  05 SEP 22 AM 11:40  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # P02000102443</b>				
<b>1. Corporation Name</b> TMX ENTERPRISES, INC.				
<b>2. Principal Office Address</b> 5737 147th Avenue North  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 5737 147th Avenue North  Suite, Apt. #, etc.		
<b>City &amp; State</b> Clearwater, FL  Zip: 33760    Country: Pinellas		<b>City &amp; State</b> Clearwater, FL  Zip: 33760    Country: Pinellas		
<b>4. Date Incorporated or Qualified To Do Business in Florida</b>				
<b>5. FEI Number</b>			<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>			\$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b>				
Name: Tariq Mallay				
Street Address (P.O. Box Number is Not Acceptable): 5737 147th Avenue North				
Suite, Apt. #, Etc.				
City: Clearwater				
700055871217 09/22/05 State: FL Zip Code: 33760 *\$450.00				
<b>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.</b>				
Signature of Registered Agent: 		Date: 09/19/2005		
REGISTERED AGENT MUST SIGN				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
P	Tariq Mallay	5737 147th Avenue North	Clearwater, FL 33760	
<b>REINSTATEMENT 03-2005</b>				
<b>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.</b>				
<b>SIGNATURE:</b> 		Tariq Mallay 09/19/2005 727.481.2882		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

5737 147th Ave. North  
Clearwater, FL 33760

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I, Tariq Mallay, registered agent and president of TMX Enterprises, Inc., never received the 2003, 2004 and 2005 Dissolution Letter and request for the reinstatement fee for both those years to be waived. Pursuant to the instructions from Division of Corporations customer service, I have enclosed a check in the amount of \$450.00 for the reinstatement of TMX Enterprises, Inc. This should cover the annual report fee and the corporate supplemental fee for each year my company has been dissolved

Sincerely,



Tariq J. Mallay