

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 13 PM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000123543

1. Corporation Name

TRUST WARRANTY INC

300030499443
03/16/04--01004--010 **300.00

REINSTATEMENT 03-04

2. Principal Office Address

5647 NW 119th Way

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33076

Country

USA

3. Mailing Office Address

A JACKSON C

40 TRUST WARRANTY INC

Suite, Apt. #, etc.

3900 N. OCEAN
8C

City & State

FT LAU FLORIDA

Zip

33008

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/02

5. FEI Number

41-2068988

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

MICHAEL TAROMINA

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

5647 NW 119th Way

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33076

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 Taromina

REGISTERED AGENT MUST SIGN

Date

3/05/04

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	MICHAEL TAROMINA	5647 NW 119th Way	CORAL SPRINGS, FL
		CORAL SPRINGS, FL 33076	

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 Taromina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04

Date

561-995-9090

Daytime Phone #

CR2E081 (01/04)

TRUST WARRANTY INC.
5647 N W 119th WAY
CORAL SPRINGS, FL 33076

WE NEVER RECEIVED THE ORIGINAL UNIFORM BUSINESS REPORT

UBR FOR THE THAT YEAR 2003. PO WAS NOTIFIED

VERY TRULY YOURS

Michael Taromina
MIUCHAEL A. TAROMINA
5/14/04

WE SAW PREVIOUS LETTER SAYING SAME
THINGS

MAIL TO
A JACKSON
3900 N. OCEAN DR
SUITE 10
FT LAUDERDALE FL 33308