

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 FEB 15 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08

DOCUMENT # P03000059079

1. Entity Name
TRUMP GRANDE 1404 CORP.



Principal Place of Business
**10621 N KENDALL DR
STE 120
MIAMI, FL 33176 US**

Mailing Address
**10621 N KENDALL DR
STE 120
MIAMI, FL 33176 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

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

4. FEI Number
20-1197471

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KENT, JIM
10621 N KENDALL DR
STE 120
MIAMI, FL 33176**

7. Name and Address of New Registered Agent
Name **IMWORLD SERVICES, INC.**
Street Address (P.O. Box Number is Not Acceptable)
**424 E CENTRAL BLVD
106**
City **ORLANDO** FL Zip Code **32801**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **IMRE SZAFRICS** DATE **2/12/08**
Signature of individual or corporate officer of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MESZAROS, JOZSEF 2 SOUTH BISCAYNE BLVD., SUITE 2630 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500118135295 02/15/08--01023--019 **\$300.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to my address, with all other like empowered.

SIGNATURE: *[Signature]* **JOZSEF MESZAROS** Date **13-01-08**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR