REINSTATEMENT					FILED			
DOCUMENT # P03000081488  1. Entity Name TDM INVESTMENT GROUP, INC.					04 OCT 20	AM 8: 32	<u>&gt;</u>	
					SECRETARY TALLAHASS	/ OF STATE	; <b>A</b>	
Principal Plac 5936 SILVER ORLANDO, FI	STAR RD.	Mailing Address 5936 SILVER STAR RD. ORLANDO, FL 32808	US	REMS	TATEM			
2. Principal Place of Business 2558 Robert Trent bones		3. Mailing Address Post Office Box		×				
Suite, Apt. #, etc. # 1414		Suite, Apt. #, etc.		10142004	REIN-P	CR2E098 (6		
City & State Orlando, FL		City & State Or (ando, FL		4. FEI Numb	20-010		Applied For (CO) Not Applicable	
52835			Country		of Status Desired	Fee Re	5 Additional equired	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
MITCHELL TYRONE D				Jyrune ddress P.O. Box Numb	11 2 1 11 1 21 21 1			
ORLANDO, FL 32000					76.0. Box Number is Not Acceptable)  58 Robert Trent Jones			
City				# 1414 Orlando		FL Z	Code 25	
8. The above named entity submits this statement for the propose 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 SHOW / Ital & Tyrone Mitchell 10/15/04								
Signature, typed or printed name of registered agent and title il appliptible.  [NOTE   NOTE   NOTE								
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			• •	:	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND I		11.	. ADDITIONS,	CHANGES TO OFFIC		**	
TITLE NAME STREET ADDRESS	P MITCHELL, TYRONE D 5936 SILVER STAR RD.	☐ Delete	NAME STREET ADDRESS	Mitchell, 2558 Rol	Tyrone pert Trent.	bnoo #	nange Addition	
CITY-ST-ZIP	ORLANDO, FL 32808	:	CITY-ST-ZIP	orlando	; FL 3	2835		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		1	. Cr	nange	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		Delete .	TITLE NAME			□ Ch	nange — 🖃 Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			□ cr	nange	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/2	000420 0/04-01018	1228 004 **	PAGE Addition 158.75	
TITLE NAME		☐ Delete	TITLE NAME			Cr	nange	
STREET ADDRESS			STREET ADDRESS					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 rustee 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 with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR