2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000107118

Entity Name: TM ENTERPRIZES, INC.

FILED Nov 10, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12193 SW HWY 17 ARCADIA, FL 34266

Current Mailing Address: New Mailing Address:

12193 SW HWY 17 29450 BERMONT ROAD ARCADIA, FL 34266 PUNTA GORDA, FL 34266

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OAKS, DAVID J WALLACK, MICHAEL M 407 E MARION AVE STE 101 1819 MAIN STREET PUNTA GORDA, FL 33950 US SUITE 1100

UNTA GORDA, FL 33930 US SOITE 1100 SARASOTA, FL 34236 US

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.

SIGNATURE: MICHAEL M. WALLACK, ESQ. 11/10/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 NICHOLSON, VINCENT T JR.
 Name:
 BARRAS, CALLUM

 Address:
 12193 SW HWY 17
 Address:
 29450 BERMONT ROAD

 City-St-Zip:
 ARCADIA, FL 34266
 City-St-Zip:
 PU NTA GORDA, FL 33982

Title: DST () Delete Title: DP (X) Change () Addition

 Name:
 NICHOLSON, MELINDA T JR.
 Name:
 BARRAS, COLIN

 Address:
 12193 SW HWY 17
 Address:
 29450 BERMONT ROAD

 City-St-Zip:
 ARCADIA, FL 34266
 City-St-Zip:
 PUNTA GORDA, FL 33982

Title: () Delete Title: DST () Change (X) Addition

 Name:
 Name:
 BARRAS, JEAN

 Address:
 Address:
 29450 BERMONT ROAD

 City-St-Zip:
 City-St-Zip:
 PUNTA GORDA, FL 33982

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN BARRAS DST 11/10/2004