

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000109648</b>						<b>FILED</b> <span style="font-size: 2em; vertical-align: middle;">192</span> <b>06 SEP 14 AM 10:28</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT <span style="font-size: 1.5em; vertical-align: middle;">05-06</span>			
<b>1. Entity Name</b> TRKB MANAGEMENT COMPANY				<b>Principal Place of Business</b> 1000 N.W. 65TH STREET SUITE 200 FORT LAUDERDALE, FL 33309				<b>Mailing Address</b> 1000 N.W. 65TH STREET SUITE 200 FORT LAUDERDALE, FL 33309	
<b>2. Principal Place of Business</b> C/O KIRT SCHOENHEIT Suite, Apt. #, etc. 1351 S. E. 3RD TERRACE		<b>3. Mailing Address</b> P. O. BOX 1965 Suite, Apt. #, etc.		<b>4. FEI Number</b> 20-0273306		Applied For <input type="checkbox"/> Not Applicable			
<b>City &amp; State</b> POMPANO BEACH, FL. 33060		<b>City &amp; State</b> POMPANO BEACH, FL. 33061		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		07102006 REIN-P CR2E098 (11/05)			
<b>Zip</b> 33060		<b>Country</b> USA		<b>Zip</b> 33061		<b>Country</b> USA			
<b>6. Name and Address of Current Registered Agent</b> GOLDING, STEPHEN M 4000 N.W. 65TH STREET SUITE 200 FORT LAUDERDALE, FL 33309				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 2950 E. CYPRESS CREEK ROAD, SUITE 2950 City FT. LAUDERDALE <span style="float: right;">FL</span> Zip Code 33309					
<b>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.</b>									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
<b>FILE NOW!!! FEE IS \$900.00</b>									
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D SCHOENHEIT, TIMOTHY <input type="checkbox"/> Delete 1000 N.W. 65TH STREET, SUITE 200 FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP		1351 SE 3 Terr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pompano Beach FL 33060 230 SE 10 AVENUE POMPANO BEACH, FL 33060			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		KIRT SCHOENHEIT <input type="checkbox"/> Delete 1351 S.E. 3RD TERRACE POMPANO BEACH, FL 33060		TITLE NAME STREET ADDRESS CITY-ST-ZIP		PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300079939723 09/19/06--01012--015 ***300.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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 with an address, with all other like empowered.</b>									
<b>SIGNATURE:</b> <u>Ec to G.O. K. Schoenheit Sec to G.O. 8/21/06 954 856 9590</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>									

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TRKB MANAGEMENT COMPANY  
P.O. BOX 1963  
POMPANO BEACH, FL 33061

August 21, 2006

TO: FLORIDA DEPARTMENT OF STATE

RE: P03000109648

I DID NOT RECEIVE THE ORIGINAL POSTCARD FOR FILING THE ANNUAL REPORT. (2005)

THE ADDRESS ON FILE IS AN INCORRECT ADDRESS.

I AM ENCLOSING MY SIGNED ORIGINAL ANNUAL REPORT WITH A CHECK IN THE  
AMOUNT OF \$300.00 FOR 2005 & 2006, AS PER YOUR INSTRUCTIONS.

THANK YOU



KIRT SCHOENHEIT