

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 23 A 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500162765655
11/12/09--01037--010 **458.75

CR2E081 (10/09)

DOCUMENT # **P04000031585**

1. Corporation Name

TMR, Inc.

2. Principal Office Address- No P.O. Box #

7953 SW 111 Street

Suite, Apt. #, etc.

3. Mailing Office Address

7953 SW 111 Street

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number

200921305

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 additional Fee required
for a Certificate of Status

City & State

Miami, FL

Zip

33156

Country

City & State

Miami, FL

Zip

33156

Country

7. Name and Address of Current Registered Agent

Name **DE LA CRUZ And Cutler, LLP.**

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

2 Alhambra Plaza ~~Penthouse 2C~~

Suite, Apt. #, Etc.

Penthouse 2C

City

Coral Gables

State

FL

Zip Code

33134



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of
Registered Agent

Jeff Cutler
REGISTERED AGENT MUST SIGN

Date **11/8/09**

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
PRE	TODD RUSSO	7953 SW 111 Street	Miami, FL 33156

10. E-mail Address: **todd@tallage.com**

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/09
Date

9542619874
Daytime Phone#