

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000152120

1. Corporation Name

TDF HOLDINGS, INC.

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

2250 SW 3rd Avenue

Suite, Apt. #, etc.

Suite 201

City & State

Miami, Florida

Zip

33129

Country

USA

3. Mailing Office Address

2250 SW 3rd Avenue

Suite, Apt. #, etc.

Suite 201

City & State

Miami, Florida

Zip

33129

Country

USA

REINSTATEMENT 06-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/2004

5. FEI Number

593789185

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Troy D. Ferguson

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

2250 SW 3rd Avenue

Suite, Apt. #, Etc.

Suite 201

City

Miami, Florida

State

FL

Zip Code

33129

☒ 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 617.0503, F.S.

Signature of
Registered Agent

Troy D. Ferguson

REGISTERED AGENT MUST SIGN

Date May 12, 2008

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
D, P, T	Troy D. Ferguson	2250 SW 3rd Avenue, Suite 201	Miami, Florida 33129

600130901746
06/05/08--01018--003 **458.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Troy D. Ferguson

Troy D. Ferguson May 12, 2008

305.858-0888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #