

Jan 21 08 10:39a

IRVING M BURSTEIN

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p.3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JAN 23 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000069486

1. Corporation Name

TRUMP MUSIC PARTNERS, INC.

1-29-08
dy

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

1560 SAWGRASS CORP. PKWY

Suite, Apt. #, etc.

4TH FL

City & State

SUNRISE FL

Zip

33323

Country

BROWARD

3. Mailing Office Address

1560 SAWGRASS CORP. PKWY

Suite, Apt. #, etc.

4TH FL

City & State

SUNRISE FL

Zip

33323

Country

BROWARD

REINSTATEMENT 0608

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5/9/2005

5. FEI Number

30-0352741

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

NORMAN BRODEUR

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

11649 NW 5TH ST

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33325

☒ 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

Norm J Brodeur

REGISTERED AGENT MUST SIGN

Date

1/21/2008

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
P	NORMAN BRODEUR	11649 NW 5TH ST	PLANTATION FL 33325

500115897155
01/23/08--01033--008 **458.85

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:

Norm J Brodeur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/2008 9:41:2496

Daytime Phone #