

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAR 24 PM 12:37

DOCUMENT # P05000100381

1. Entity Name  
THE TRUMP SISTERS, INC.



Principal Place of Business  
6340 W. OAK PARK BLVD.  
HOMOSASSA, FL 34446

Mailing Address  
6340 W. OAK PARK BLVD.  
HOMOSASSA, FL 34446

2. Principal Place of Business - No P.O. Box #  
13849 CLETO DR  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.



03122009 REIN-P CR2E098 (1/07)

City & State  
ESTERO, FL

City & State

4. FEI Number  
56-2524856

Applied For  
Not Applicable

Zip  
33928  
Country  
USA

Zip  
Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTON CHARLES T  
11482 W. CLUBVIEW DR.  
HOMOSASSA, FL 34448

Name  
ok  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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.

SIGNATURE: Charles Walton

3/12/09

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
CEOP  
BELDEN, CAROLYN E  
6340 W. OAK PARK BLVD. 13849 CLETO DR  
HOMOSASSA, FL 34446 ESTERO, FL 33928

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
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CITY-STATE-ZIP

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

SIGNATURE: Carolyn E Belden  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/09

Date

Daytime Phone #