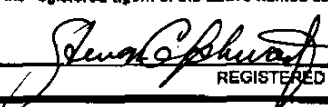
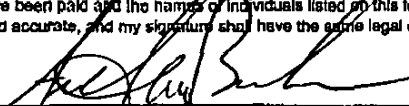


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 OCT 25 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA500060911495
10/25/05--01014--014 **2100.00

CR2E081 (8/05)

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P92000006579					
1. Corporation Name Total Dollar Management Effort of Florida, Inc.					
2. Principal Office Address 2525 Marina Bay Drive		3. Mailing Office Address 2525 Marina Bay Drive			
Suite, Apt. #, etc. Suite# 204		Suite, Apt. #, etc. Suite# 204			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL			
Zip 33312	Country USA	Zip 33312	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 11/19/1992	
5. FEI Number 759316021				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒				\$6.75 Additional fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Steven G. Schwartz, Esquire					
Street Address (P.O. Box Number is Not Acceptable) 3301 NW Boca Raton Boulevard					
Suite, Apt. #, Etc. Suite# 200					
City Boca Raton				State FL	Zip Code 33431
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				Date 10/20/05	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PD	Arthur H. Buhr	325 Lexington Avenue		New York, NY	
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 under section 119.07(3)(i), 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:				Date 9/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone #					

REINSTATEMENT 96-05

7 Roberts OCT 28 2005