

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Kathleen Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 19 AM 11:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

T.D.M.I. Incorporated

2. Principal Office Address

7620 N.W. 25th Street

Suite, Apt. #, etc.

Unit 10

City & State

Miami

Zip

FL

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

33122

Country

4. Date Incorporated or Qualified
To Do Business in Florida

March 17, 1994

5. FEI Number

65-0496738

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

Johanne Martin

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

5440 N.W. 104th Court

Suite, Apt. #, Etc.

Miami FL 33178

City

900003632009-2

-02/05/01--01008--11

****300.00 ****300.00

State
FL

Zip Code

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

Johanne Martin

REGISTERED AGENT MUST SIGN

Date 1-16-2001

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 |
|----------------|-----------------------------------|--|--------------------|
| President | Tom Martin | 5440 N.W. 104th Court | Miami, FL 33178 |
| Vice President | Johanne Martin | 5440 N.W. 104th Court | Miami, FL 33178 |
| | | | |
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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:

Johanne Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2001

Date

905-5919194

Daytime Phone #

CR2E081 (9/00)



26F2

January 16,2001

To the Department of State

Ref: 65-0496738

Our company has moved in April of 2000 from:
3201 NW South River Drive
Miami, FL 33142

To: 7620 NW 25th Street
Unit 10
Miami, FL 33122

Attached please find check # 1979 for :\$300.00 for year 2000 and 2001.

Thank You,

Johanne Martin.

A handwritten signature in cursive script that reads "Johanne Martin". The signature is written in black ink and is positioned below the typed name.