

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | |
|---|-----------------------|---|---------|
| CORPORATION | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| ACTIVE - Renewal Fee 150.00 | | | |
| DOCUMENT # 191000031454 | | | |
| 1. Corporation Name TRIM MAN, INC | | | |
| 2. Principal Office Address 8900 Dania Drive Suite, Apt. #, etc. | | 3. Mailing Office Address Same | |
| City & State Palm Beach Gardens | | City & State | |
| Zip FL | Country USA | Zip 33410-6207 | Country |

FILED
04 AUG -9 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida | |
| 5. FEI Number 605-0943863 | Applied For Not Applicable |
| CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Name and Address of Current Registered Agent

| | | |
|---|-----------------------------|----------|
| Name Jeffrey W. Hewson | 0000035733180 | |
| Street Address (P.O. Box Number is Not Acceptable) 8900 Dania Dr. | 05/07/04 01018 005 **156.00 | |
| Suite, Apt. #, Etc. Palm Beach Gardens | | |
| City FL 33410-6207 | 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
Jeffrey W. Hewson

Date
5/27/04

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 |
|--------|-----------------------------------|--|---------------------------|
| Owner | Jeffrey W. Hewson | 8900 Dania Dr | Palm Beach Gardens |
| | | | FL 33410 |
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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: **Jeffrey W. Hewson** **5-1-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #