

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000095069

1. Corporation Name  
TROM CORP.

2. Principal Office Address 13100 - 56TH COURT N.		3. Mailing Office Address 13100 - 56TH COURT N.	
Suite, Apt. #, etc. SUITE 702		Suite, Apt. #, etc. SUITE 702	
City & State CLEARWATER, FLORIDA		City & State CLEARWATER, FLORIDA	
Zip 33760	Country US	Zip 33760	Country US

4. Date Incorporated or Qualified To Do Business in Florida 11/05/97	Applied For Not Applicable
5. FEI Number 59-3477973	
6. 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 RICHARD C. WILCOX		
Street Address (P.O. Box Number is Not Acceptable) 13100 - 56TH COURT N.		
Suite, Apt. #, Etc. SUITE 702		
City CLEARWATER	State FL	Zip Code 33760

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

*Richard C. Wilcox*

REGISTERED AGENT MUST SIGN

Date 12/31/02

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
PSD	RICHARD C. WILCOX	13100 - 56TH COURT N.	CLEARWATER, FL 33760
VPTD	OMAR FERNANDEZ	13100 - 56TH COURT N.	CLEARWATER, FL 33760
D	RAUL GONZALEZ	13100 - 56TH COURT N.	CLEARWATER, FL 33760

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)(f), 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:

*Richard C. Wilcox*

PRESIDENT

12/31/02

727-535-8752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*MW*

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01/03/03 FRI 17:18 FAX

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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**CORPORATION REINSTATEMENT**

**TROM CORP.**

Certificate of Status	1
Certified Copy	0
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