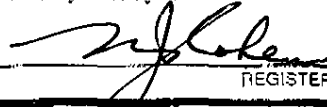
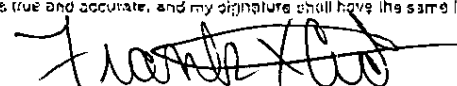


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000099607			
1. Corporation Name TRE AMICI ENTERPRISES INC.			
2. Principal Office Address 6861 SW 18 STREET Suite, Apt. #, etc.		3. Mailing Office Address 40 FRANK CID Suite, Apt. #, etc. 7897 NW 62 TERRACE	
City & State BOCA RATON FL		City & State PARKLAND FL	
Zip 33433	County PALM BEACH	Zip 33067	County
		4. Date Incorporated or Qualified To Do Business in Florida 11/24/97	
		5. FEI Number 65-0794979	
		6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name MURRAY J. COHEN P.C.			
Street Address (P.O. Box Number is Not Acceptable) 10330 CAMELBACK LANE			
Suite, Apt. #, Etc.			
City BOCA RATON		State FL	Zip Code 33498
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 10/5/01	
REGISTERED AGENT MUST SIGN			
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
PRES	FRANK X CID	7897 NW 62 TERRACE	PARKLAND FL 33067
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)(b), 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 10/5/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PREX		Daytime Phone # 561 945-0002	

FILED
2001 OCT - 9 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-01

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