

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 AUG 28 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 998000014865

1. Corporation Name

TRM PROPERTIES OF TAMPA, INC.

2. Principal Office Address
5117 BRANCH AVENUE

3. Mailing Office Address
P.O. BOX 77556

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33603

Country

Zip
33675

Country

4. Date Incorporated or Qualified
To Do Business in Florida 02/13/1998

5. FEI Number
59-3509907

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

1999-2006

7. Name and Address of Current Registered Agent

Name
TERRENCE R. MALOWNEY

Street Address (P.O. Box Number is Not Acceptable)
5117 BRANCH AVENUE

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33603

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

REGISTERED AGENT MUST SIGN

Date

7-25-06

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 |
|--------------|--------------------------------------|---------------------------------------------------|-----------------------|
| <i>Pls/t</i> | TERRENCE R. MALOWNEY | 5117 BRANCH AVENUE | TAMPA FL 33603 |
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REINSTATEMENT 99-04

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813

932 8907

EX-20

2 of 2

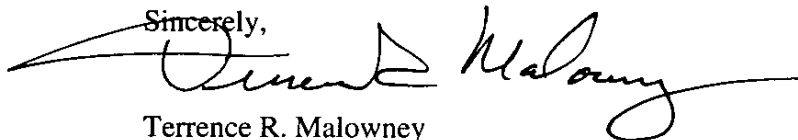
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

RE: Reinstatement of TRM Properties of Tampa, Inc.

Gentleman,

I never received the annual report notices for TRM Properties of Tampa, Inc.
As a result of this I ask that you waive the reinstatement fee. Please accept my check in
the amount of \$1,196.00 which represents the annual report and supplemental fees for the
years 1999 through 2006. Thank you for your help in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Terrence R. Malowney". The signature is fluid and cursive, with a long horizontal stroke at the end.

Terrence R. Malowney