

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 DEC 19 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98000080321

1. Corporation Name

**THE TREMBLE GROUP, INC.**

300009816443  
01/03/03--01070--009 \*\*250.00

2. Principal Office Address

2168 West 13 Street

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32209

Country

3. Mailing Office Address

Post Office Box 2503

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32203

Country

**REINSTATEMENT**

00-02  
1-19-00 - 01/00/02

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/1998

5. FEI Number

59-3532578

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

**SPIEGEL & UTRERA, P.A.**

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

1840 Southwest 22 Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

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.

**Spiegel & Utrera, P.A.**

Signature of

Registered Agent **By:**

**Natalia Utrera, Vice President** REGISTERED AGENT MUST SIGN

Date

2/11/02

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
PTD	Tremble, Carl L.	2168 West 13 Street	Jacksonville, FL 32209
VD	Tremble, Katie B.	2168 West 13 Street	Jacksonville, FL 32209
SD	Harrrell, Marvin L.	2168 West 13 Street	Jacksonville, FL 32209

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* 2/5/02 Carl L. Tremble, President