

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P99 000025471		
<p>1. Corporation Name  <b>TRIM PERFECTION, INC.</b>  <b>791 ASSISI LANE # 1707</b>  <b>ATLANTIC BEACH, FL 32237</b></p>		
<p>2. Principal Office Address  <b>791 ASSISI LANE</b>          Suite, Apt. #, etc.  <b>1707</b></p>		<p>3. Mailing Office Address          Suite, Apt. #, etc.          City &amp; State  <b>ATLANTIC BEACH, FL</b></p>
Zip <b>32237</b>	Country <b>USA</b>	Zip Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 12 PM 12:58

4. Date Incorporated or Qualified To Do Business in Florida	<b>3/15/99</b>
5. FEI Number <b>59-3565669</b>	Applied For Not Applicable
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>	

7. Name and Address of Current Registered Agent

Name  
**ALEX ZIRAOUI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**791 ASSISI LANE # 1707**  
 Suite, Apt. #, Etc.  
**1707**  
 City  
**ATLANTIC BEACH**

**900003436199** 9  
 -10/24/00--01020--001  
 \*\*\*150.00 \*\*\*150.00

State  
**FL** Zip Code  
**32233**

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

**Alex- L. Ziraoui**  
REGISTERED AGENT MUST SIGN

Date **10-12-00**

CR2081 (9/99)

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	<b>ALEX ZIRAOUI</b>	<b>791 ASSISI LANE # 1707</b>	<b>ATLANTIC BEACH, FL</b> <b>32233</b>

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:

**Alex- L. Ziraoui**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-12-00**

**(904) 568 6483**

Date

Daytime Phone #

TRIM PERFECTION, INC.  
791 ASSISI LANE #1707  
ATLANTIC BEACH, FL 32233

OCTOBER 6, 2000

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

DEAR SIR OR MADAM:

PLEASE FIND ENCLOSED THE 2000 ANNUAL REPORT FOR TRIM PERFECTION, INC., ALONG WITH A CHECK IN THE AMOUNT OF \$150.00.

WHEN YOU SENT THE ORIGINAL ANNUAL REPORT AND THE NOTICE THAT IT WAS LATE, THERE WAS NEVER A SUITE NUMBER TO SEND IT TO AND IT WAS RETURNED TO YOU.

I CALLED TALLAHASSEE WHEN I FOUND OUT THE CORPORATION WAS ADMINISTRATIVELY DISSOLVED AND WAS TOLD TO SEND THE REPORT (ENCLOSED) WITH MY \$150 FILING FEE AND THIS LETTER.

I WAS TOLD THAT YOU WOULD WAIVE THE PENALTIES FOR LATE FILING OF THIS ANNUAL REPORT, SINCE THERE WAS NO WRONGFUL INTENT ON MY PART. I HAD NO KNOWLEDGE THAT AN ANNUAL REPORT IS REQUIRED EVERY YEAR FOR MY CORPORATION.

SINCERELY,

Alex - L. Ziroui

ALEX ZIRAOUI