


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 NOV -9 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000028880**

1. Corporation Name

TOTAL TRIM INC.

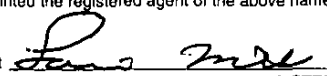
REINSTATEMENT **03-05**

2. Principal Office Address 275 GRAPE AVE.		3. Mailing Office Address N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST. CLOUD, FLORIDA		City & State	
Zip 34769	Country US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 4-1-1999	
5. FEI Number 54-3567391	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

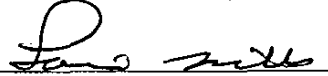
T. Roberts 11/10/05

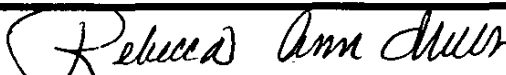
7. Name and Address of Current Registered Agent	
Name Louie Mills	
Street Address (P.O. Box Number is Not Acceptable) 275 GRAPE AVE	
Suite, Apt. #, Etc.	
City ST. CLOUD	State FL
Zip Code 34769	

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 6-8-04
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
V.P.	REBECCA MILLS	275 GRAPE AVE.	ST. CLOUD, FL. 34769

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:  **PRESIDENT LOUIE MILLS** **6-8-04** **407-892-1203**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

 **REBECCA MILLS** **11-7-05**

CR2E081 (01/04)