PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 14 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V21436

1. Corporation Name: TROPHY GROUP, INC.

REINSTATEMENT 97-04 MRB

2. Principal Office Address	**3.** Mailing Office Address
2100 VILLA WAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW SMYRNA BEACH FL.	City & State
Zip: 32169 Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 3/12/1992

5. FEI Number: 43-1991036 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: TINA E. MITCHELL

Street Address (P.O. Box Number is Not Acceptable): 2560 TURNBULL BAY ROAD

Suite, Apt. #, Etc.:

City: NEW SMYRNA BEACH — State: FL — Zip Code: 32168

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: Tina E. Mitchell — Date: 7/12/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
C-D	MICHAEL J. NASTE	2100 VILLA WAY	NEW SMYRNA BEACH FL 32169
T	TINA E. MITCHELL	2560 TURNBULL BAY RD	NEW SMYRNA BEACH FL 32168
S	CATHY DEVITO	2219 60TH STREET	BROOKLYN NY 11230

300039649363
07/28/04--01053--006 **1808.75

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: CEO MICHAEL J. NASTE — 7/12/04 — 407-314-0729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #