

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K83761

1. Corporation Name

TRANSMARKETS, INC.

Principal Place of Business

Mailing Address

613 TRIUMPH CT
#10
ORLANDO FL 32805

613 TRIUMPH CT
#10
ORLANDO FL 32805

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/27/1989

5. FEI Number

59-2945441

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|-----------------------------------|--|---|
| P | STEPHAN, ANTOINE | 7538 POINTVIEW CIRCLE | ORLANDO FL 32836 |
| V | STEPHAN, JOSEPH I | 5923 PITCH PINE DR | ORLANDO FL 32819 |
| | | | 700004596687--9 -09/18/01--01030--023 ****300.00 ****300.00 |
| | | | LS |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEPHAN, ANTOINE I
7538 POINTVIEW CIRCLE
ORLANDO FL 32836

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Stephan SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 9-7-01

11. 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:

Stephan SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-7-01 407-521-8112

FILED

01 SEP 10 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2000 (8/00)

9-7-01

208

To: Florida Division of Corporations, Tallahassee

From: Joseph Stephan, V.P. Transmarket, Inc., Orlando, FL

Re: Document # K 83761 FEI # 59-2945441

Per my phone conversation today with Michelle, I'm enclosing a check for \$300.00 to cover both years 2000x

2001 Annual reports.

As explained to Michelle earlier, the only note I ever received from your department is the "Notice of administrative dissolution or revocation", and the reason I didn't get in touch with you earlier is because I've been out of the country on business assignments.

Thank you for your understanding and cooperation in this matter, if you have any questions please contact me at 407-521-8112.

Sincerely,

Joseph Stephan
V.P. Transmarket, Inc.

