

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 11 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13631

1. Corporation Name

Trans Abida Office Building, Inc.

2. Principal Office Address

499 Sheridan St.

Suite, Apt. #, etc.

City & State

Dania FL

Zip

33004

Country

US

3. Mailing Office Address

499 Sheridan St.

Suite, Apt. #, etc.

Suite 400

City & State

Dania FL

Zip

33004

Country

US

REINSTATEMENT 99-04

4. Date Incorporated or Qualified
To Do Business in Florida

2/28/86

5. FEI Number

59-2652652

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

Edward Matera

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

c/o Results Technologies 499 Sheridan St.

Suite, Apt. #, Etc.

400

City

Dania

State

FL

Zip Code

33004

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

REGISTERED AGENT MUST SIGN

Date

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 | Luis A. Suarez | 19111 Collins Ave Apt 2504 | Sunny Isles FL 33160 |
| Treas | Edward Matera | 4964 SW 34 Terrace | FT Lauderdale, FL 33312 |
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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)(f), 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]

Edward Matera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04

Date

954 921 2400

Daytime Phone #

CR2E081 (10/02)