PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV -4 AM 9:45

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CR2E081 (6/10)

DOCUMENT # N33734

1. Corporation Name

TRANSFLORIDA EXECUTIVE CENTRE, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
17555 Collins Avenue	1828 SW 101ST TER
Suite, Apt. #, etc.: No. 2801	Suite, Apt. #, etc.:
City & State: Sunny Isles Beach, Florida	City & State: MIRAMAR FL
Zip: 33160 Country: USA	Zip: 33025 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/16/1989

5. FEI Number: 650177219 ☐ 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: Eisinger Brown Lewis Frankel Chaiet & Krut PA

Street Address (P.O. Box Number is Not Acceptable): ATTN: Dennis J. Eisinger, Esquire, 4000 Hollywood Boulevard

Suite, Apt. #, Etc.: Suite 265-S

City: Hollywood State: FL Zip Code: 33021

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: Dennis J. Eisinger Date: 7/13/10
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
P/D	YOSI GIL	17555 Collins Avenue, No. 2801	Sunny Isles Beach, FL 33160

10. **E-mail Address:** gildevelopment@live.com
(To be used for future annual report notification)

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. I further certify 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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/2010
Date

305-692-8500
Daytime Phone #