

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 17 PM 7:24

DOCUMENT # **P00000048545**

1. Corporation Name

TRANSFIGURATION, INC.

Principal Place of Business

Mailing Address

~~9110 SADDLE CREEK DRIVE
 BOCA RATON FL 33496~~

~~9110 SADDLE CREEK DRIVE
 BOCA RATON FL 33496~~



REINSTATEMENT 01

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

4. Date Incorporated or Qualified To Do Business in Florida

05/16/2000

Suite, Apt. #, etc.

~~3325 S. University Dr.~~ Ste 123

Suite, Apt. #, etc.

3325 S. University Dr. Ste 123

5. FEI Number

65-1008362

Applied For

Not Applicable

City & State

~~DAVIE, Florida~~

City & State

DAVIE, Florida

Zip

33328

Country

Zip

33328

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ACEVEDO, UNMI	9110 SADDLE CREEK DRIVE	BOCA RATON FL 33496
VD	ACEVEDO, ANGEL	9110 SADDLE CREEK DRIVE	BOCA RATON FL 33496
PD	ACEVEDO, UNMI	14911 NEW CASTLE LANE	DAVIE FL 33331
VD	ACEVEDO, ANGEL	14911 NEW CASTLE LANE	DAVIE FL 33331

200004661352--5
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 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ACEVEDO, UNMI

~~9110 SADDLE CREEK DRIVE
 BOCA RATON FL 33496~~

Name

ACEVEDO, UNMI

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

14911 NEW CASTLE LANE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33331

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.

AD

Signature of Registered Agent

Angel Acevedo
 REGISTERED AGENT MUST SIGN

Date

10/14/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Angel Acevedo ANGEL A ACEVEDO 10/14/01 (305) 258-5550

CR2040 (8/01)