

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 18 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000117693

1. Corporation Name

TRANSADVANTAGE, INC. C/O M. JAFFEE
1601 N PALM AVENUE #309B

Pembroke Pines FL 33026

2. Principal Office Address

1601 N PALM AVE

Suite, Apt. #, etc.

309B

City & State

PEMBROKE PINES, FL

Zip

33026

Country

USA

3. Mailing Office Address

1601 N PALM AVE

Suite, Apt. #, etc.

309B

City & State

PEMBROKE PINES, FL

Zip

33026

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/16/01

5. FEI Number

65-1098860

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

MICHAEL S JAFFEE

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

1601 N PALM AVE

Suite, Apt. #, Etc.

309B

City

PEMBROKE PINES

State

FL

Zip Code

33026

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

Date

4/10/03

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
PD	PASSERO, KELLY J	1601 N PALM AVE #309B	PEMBROKE PINES, FL 33026

600016229706

04/17/03--01097--011 **300 00

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:

Kelly Passero

4/14/2003

430-5855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

gt 4/12

Michael S. Jaffee, CPA, P.A.
Certified Public Accountant

April 15, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Transadvantage, Inc.
EIN: 65-1098860

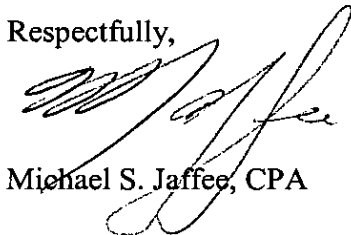
Dear Ma'm:

Pursuant to a conversation I had last Friday afternoon with a representative of the Department of State, I am enclosing a check in the amount of \$ 300 to kindly be credited to the 2002 and 2003 UBR for the above referenced corporation.

Neither the corporation nor any of its representatives received the pre-printed form from the State. I believe the cause of this is the result the State does not have the correct mailing address for Transadvantage, Inc. I have made the necessary corrections on the enclosed UBR Form.

Thank you in advance for your understanding.

Respectfully,



Michael S. Jaffee, CPA