

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **323631**

1. Corporation Name

TRANSCONEX INCORPORATED

Principal Place of Business

2600 LLOYD ROAD
JACKSONVILLE FL 32254
US

Mailing Address

2600 LLOYD ROAD
JACKSONVILLE FL 32254
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

450 SHATTUCK AVE So.

Suite, Apt. #, etc.

SUITE # 401

City & State

RENTON, WA

Zip

98055

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/1967

5. FEI Number

59-1198776

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	LEPAGE, JEFF LEPAGE, JEFFREY	450 SHATTUCK AVE S STE 401	RENTON WA 98055
P	LEPAGE, MATTHEW J	450 SHATTUCK AVE S STE 401	RENTON WA 98055
T	BROWN, BRUCE	450 SHATTUCK AVE S STE 401	RENTON WA 98055
VP	JACOBSON, TIMOTHY	450 SHATTUCK AVE S STE 401	RENTON WA 98055

600023829396
10/15/03--01075--008 **150.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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.

Matthew J. LePage, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/2003 206-382-0750
Date Daytime Phone #

CR2E040 (7/03)



October 14, 2003

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399


RE: Application for reinstatement

Transconex, Inc. is applying for reinstatement in the State of Florida. The Corporation did not receive the two prior uniform business report (UBR) notices. The company moved in April 2003 and we feel that the notices did not get delivered to the correct address.

Per conversation with Tom G at the Division of Corporations, enclosed is the completed application for reinstatement and the UBR filing fee of \$150.00.

Please contact Jane Olsen 253-680-2591 if you have any questions.

Regards,



Matthew J. LePage
President