

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F01000005351**

1. Corporation Name

SRX TRANSCONTINENTAL INC.

Principal Place of Business

**350 FIFTH AVE., SUITE 3903
NEW YORK NY 10118**

Mailing Address

**350 FIFTH AVE., SUITE 3903
NEW YORK NY 10118**

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

10/15/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

11-3630348

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

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
PCD	SMIRNOV, IGOR A	SERGELI AIRPORT	TASHKENT 700154, UZBEKISTAN
S	PASSER, JULIETTE M	666 FIFTH AVENUE	NEW YORK NY 10103
			0000021363070 07/07/03--01086--001 **600.00
			0000021363070 07/21/03--01044--007 **300.00

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 **Oleg Vitkovski**
Street Address (P.O. Box Number is Not Acceptable)
2999 NE 191 Street Ste 101
Suite, Apt. #, Etc.
City **AVVENTURA** State **FL** Zip Code **33180**

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

REGISTERED AGENT MUST SIGN

Date

07.17.03

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:

Oleg Vitkovski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11.18.02 212 643 4550

212 643 4550

FILED

03 JUL 21 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT **02-03**

CR2E040 (8/02)