2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2009
Secretary of State

DOCUMENT# F05000000051

Entity Name: TRANSLATORS, INC.

Current Principal Place of Business:

6064 APPLE TREE DR STE 2
MEMPHIS, TN 38115

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 753490
MEMPHIS, TN 38175

New Mailing Address:

FEI Number: 62-1571467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICE OF ROBERT P. KELLY
2514 HOLLYWOOD BLVD
SUITE 307
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT KELLY

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: O'MEARA, GABRIEL
Address: 1250 E. HALLANDALE BEACH BLVD., STE 902
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VV ( ) Delete
Name: LAHIERE, ROBERT JR
Address: 1250 E. HALLANDALE BEACH BLVD, STE 902
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: S ( ) Delete
Name: O'MEARA, MARIA
Address: 1250 E. HALLANDALE BEACH BLVD., STE 902
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL OMEARA P 10/09/2009

Electronic Signature of Signing Officer or Director — Date