PLEASE READ ALL INSTRUCTIONS BEFORE COMF

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

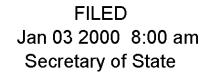
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

G58936

TRANS UNIVERSITY, INC.





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Princip	Place of Business Mailing Address							
			PO BOX 370007 TAMPA FL 33697					
					REING	STATEMENT	1999	
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					 			
2. How I maper of the Address, 117 ppinesse					4. Date Incorporated or Qualified To Do Business in Florida 09/09/1983			
Suite, Apt. #, etc. Suite, Apt.			ł, etc.		5. FEI Numbe		Applied For	
City & State - Ci		City & State	City & State		- 59-2325590 Not Applicable			
Zip	Country Zip		Country		CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Nam	es and Street Addresses of Each Officer	and/or Director (Flor	ida nonprofit cor	porations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director			City / State / Zip		
PVP	MARTIN, URSULA		1820 BEARSS AVE W.			TAMPA FL 33613		
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						000031039 -01/20/00010	129007	
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8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
NAA PYYNNI A IPOOLIII A				Name URSULA MARIN				
	rtin, ursula 20 Bearss ave W.	Street Address (P.O. Box Number is Not Acceptable)						
TAMPA FL 33613				104 E. 140 M. All				
174	W 74 1 2 000 10	STE "A"			}			
				City TAN	PA		10 Code 33613	
10. l, be	ing appointed the registered agent of the	above named corpor	ration, am familia	ar with and accept the o	bligations of Sect	ion 607.0505, F.S.	2.0013	
Signatur	e of SCA	JUMBA	CREC			12 /22 K	29	
Rěgister	ed Agent	REGISTERED AGE	NT MUST SIGN			Date /a/ac/9	7	
								
11.1 cer	tify that I am an officer or director or the resinct stemps to police tion, the reason for a	eceiver or trustee em	powered to exec	cute this application as promorate name satisfies	provided for in cha	apter 607 or 617, F.S. I further certs of section 607 0401 or 617 0401	tify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR