

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Jan 03 2000 8:00 am Secretary of State

DOCUMENT # G58936

1. Corporation Name TRANS UNIVERSITY, INC.

Principal Place of Business 14006 NORTHOWNE CT TAMPA FL 33613 Mailing Address PO BOX 370007 TAMPA FL 33697

Handwritten initials



REINSTATEMENT 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; 4. Date Incorporated or Qualified To Do Business in Florida 09/09/1983; 5. FEI Number 59-2325590; 6. CERTIFICATE OF STATUS DESIRED [X] \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PVP, MARTIN, URSULA, 1820 BEARSS AVE W., TAMPA FL 33613

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8. Name and Address of Current Registered Agent: MARTIN, URSULA, 1820 BEARSS AVE W., TAMPA FL 33613. 9. Name and Address of New Registered Agent: URSULA MARTIN, 1104 E. 140th AVE, STE "A", TAMPA, FL 33613

10. Signature of Registered Agent: S. G. [Signature] REQUIRED, Date 12/22/99

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: SIGNATURE REQUIRED, 12/22/99 (813) 979-4503

CR2E040 (8/99)