200	LUNIFORM BUS	INESS REPO	RT (UBI					
DOCUMENT # G60193 1. Entity Name					FILED			
TRANS	CONTAINAIRE, INC.	••			7 - U Base Louis Report			
					02 APR 15 PH 3: 11	L ₄		
	ce of Business	Mailing Address			C. P. S. W. C. T. T.			
10206 SEMINOLE ISLAND DRIVE 10206 SEMINOLE ISLAND DRIV LARGO FL 34643 LARGO FL 34643			ÎVE		* SEGRETARY OF STATE TALLAHASSEE, FLORID.		<u> </u>	
2.000,2000				ļ	or court to to contact to the contribution	·· \		
9 Director 15		*	<u> </u>					
2. Principal F	Place of Business 33 DARSTON STREET	3. Mailing Address 3833 DARSTON STEET Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Suite, Apt.								
City & Stat		City & State		4.	FEI Number 59-2329596		plied For	7
 	HARBOR FL Country	PALM HARB					t Applicable	1
	LAS PINEUAS	34685	Country PINELLA	5.	Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name -	7.	Name and Address of New Registered	Agent		1
NIXC	ON, MARILYN A]
	DARSTON ST	The state of the party of the state of the s	Street Address (P.O. Box Number is Not Acceptable)					
PAU	M HARBOR FL 34685							
			City FL Zip Code					
8. The above	e named entity submits this statement for	or the purpose of changing its re	egistered office or	registered ac	gent, or both, in the State of Florida.	•		1
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE, F	Registered Agent signati	ire required when r	reinstating) DATE		·	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable			FEE IS \$150.0 Fee will be \$5 to Department	50.00	Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
11. OFFICERS AND DIRECTORS			12.	in the state of	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11	
TITLE NAME	STD INMAN, ROBERT J.	☐ Delete	TITLE			Change	☐ Addition	
	10206 SEMINOLE ISLAND DR		NAME STREET ADDRESS	41	428 WORTHINGTON CIRCL	Ę		
CITY-ST-ZIP	LARGO FL		CITY-ST-ZIP	•	PAIN HARBOR, FL 346	73,		
TITLE NAME	PD Nixon, Marilyn A.	☐ Delete	TITLE NAME		•	Change	☐ Addition	18
STREET ADDRESS	3829 DARSTON STREET	•	STREET ADDRESS					
CITY-ST-ZIP	PALM HARBOR FL 34685		CITY+ST+ZIP					
NAME		Delete	TITLE NAME		··	Change	Addition	
STREET ADDRESS CITY-ST-ZIP		The second of th	STREET ADDRESS CITY-ST-ZIP		6000053385 -04/25/02010	1.6 002	-1	-
TITLE	•	☐ Delete	TITLE		****158.75 *	the things -	Addition	1
NAME STREET ADDRESS			name Street address					
CITY-ST-ZIP		···	CITY-ST-ZIP	·				
TITLE NAME		☐ Delete	TITLE NAME		·	☐ Change	Addition	Ī
STREET DORESS			STREET ADDRESS					
CITY-ST-ZIP	للعيب بتسائية فيبضت حجامد الباح فسنعنيه كتفت		_CITY_ST-ZIP					ļ_
TITLE NAME		☐ Delete	. TITLE NAME			Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
	Certify that the information cupolind with		CITY-ST-ZIP					1

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature snall 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytine Phone #

Daytine Phone #**

X 4/11/02 / 4/37-747-9163

Date Date Date Phone *

LAW OFFICES

FEILER & LEACH, P.L.

901 PONCE DE LEON BLVD. • PENTHOUSE SUITE • CORAL GABLES, FL 33134-3009

MICHAEL B. FEILER, P.A. MARTIN E. LEACH, P.A. IRVING J. WHITMAN (OF COUNSEL) TEL. (305) 441-8818 FAX (305) 441-8081 FEILERLEACHPL@AOL.COM

April 10, 2002

Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Reinstatement for Michael B. Feiler, P.A.

Sirs:

Enclosed is my reinstatement form along with my check for \$300.00 in connection with this matter. I do not believe that I should be charged a full reinstatement fee of \$750.00 because the dissolution was not my fault, but was the fault of the Department as follows.

Specifically, recently I looked online to check my federal ID number and discovered that my P.A. was administritively dissolved, even thought I had never received a UBR for 2001. Apparently, the Department somehow had my address as 12 (twelve) Minorca Ave., rather than 122 (one twenty two) Minorca Ave., my correct address. Thus, I never received my UBR. I did not do anything to create this error, and I do not feel that I should be charged for it.

Please effectuate the reinstatement and note my proper address. Please call me if you have any questions. I appreciate your prompt assistance

Michael B. Feiler