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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2006 JUL -6 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J20792

1. Corporation Name
Transcontinental Overseas, Inc

B7/11/06 REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address
10850 NW 21st Street	Same
Suite, Apt. #, etc.: Suite 120	Suite, Apt. #, etc.
City & State: Doral, FL	City & State
Zip: 33172 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2225966 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ~~Kishinchand~~ T. Parvani

Street Address (P.O. Box Number is Not Acceptable): 10850 NW 21 Street

Suite, Apt. #, Etc.: Suite 120

City: ~~Doral~~ Miami State: FL Zip Code: 33172

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Kishinchand T. Parvani	9471 SW 124 Ter	Miami, Fl. 33176

100077380231
07/12/06 01012 005 **688.00

10. 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 contained in Chapter 119, 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: _____ 05-30-06 305-591-2060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Agent 2

Transcontinental Overseas, Inc
10850 NW 21st Street suite 120
Doral, FL 33172
FEI 59-2225966

May 25, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please note that our address has changed. We have not received the renewal notice for our Corporation. Enclosed is the reinstatement fee. Please waive the penalties.

Thank you.

Sincerely,

Kishor T. Parvani
Registered Agent