PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # J64269

1. Corporation Name

TRANS ELECTRONICS INC.

REINSTATEMENT 93-01

2. Principal Office Address	3. Mailing Office Address
19620 Bob-o-link Dr.	19620 Bob-o-link Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hieleah, Florida	City & State: Hieleah, Florida
Zip: 33015 Country: USA	Zip: 33105 Country: USA

4. Date Incorporated or Qualified —To Do Business In Florida—

5. FEI Number: 54-1176814 ☐ 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: DANIEL LA PADULA

200004730022--1
-12/18/01--01025--008
***1958.75 ***1958.75

Street Address (P.O. Box Number is Not Acceptable): 2801 PONCE DeLEON BLVD. SUITE 1100

Suite, Apt. #, Etc.:

City: CORAL GABLES State: FL Zip Code: 33134

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: _____ C.P.A. Date: 11/26/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/90)

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.	Herman R. Gilliam	19620 Bob-o-link Dr.	Hieleah, Florida 33015
VP	Saundra Davis	22472 Hunting Glen Dr.	Ft. Washington, Maryland
Sec.	Gereldyne Gilliam	3383 Harbor Blvd.	Port Charlotte, FL 33952
DR	William Clement	2240 Kites Dr.	Port Charlotte, FL 33952
OR	William Sanford	2384 E. Lake Dr.	Hieleah, Florida 33015

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 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: _____ 11-25-01 305-829-7577

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