

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -4 PM 6:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J94316

1. Corporation Name

TRANS-CARVAL, INC.

2. Principal Office Address

10975 N.W. 29th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33172

Country

USA

3. Mailing Office Address

10975 N.W. 29th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33172

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/22/1987

5. FEI Number

65-0099308

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

MIRIAM DE TORO, CPA

Street Address (P.O. Box Number is Not Acceptable)

231 Altara Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

800004271838--3

05/18/01-01090-028

****150.00 ****150.00

REINSTATEMENT

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

Miriam De Toro
REGISTERED AGENT MUST SIGN

Date 5/1/01

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
D	VELEZ, JULIO	Carrera 1 #58-41	Cali, Colombia
D	CERRO, LEONARDO	Carrera 1 #58-41	Cali, Colombia
D	JOSE GUILLERMO, GOMEZ	Carrera 1 #58-41	Cali, Colombia

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05/18/01-01090-028

****900.00 ****900.00

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Heather J. Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/10/01

Date

Daytime Phone #

1305-477-2953