

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 18 AM 9:50

DOCUMENT # K25585

1. Corporation Name

Trans Globe Pictures Inc.

2. Principal Office Address

4734 NW 109 Court

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33178

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-06
CR2E081 (12705)

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/88

5. FEI Number

65-0210636

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

Byron Lee

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

4734 NW 109 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

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

BYRON LEE

REGISTERED AGENT MUST SIGN

Date

1/12/06

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
PS	Byron Lee	4734 NW 109 Court	Miami, FL 33178
VT	Sheila Lee	4734 NW 109 Court	Miami, FL 33178
D	Julianne Lee	4734 NW 109 Court	Miami, FL 33178

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/06 (305) 593-5658

Statement of Non-Receipt of Annual Report Notices

Please be advised that this corporation did not receive annual report notices after the year 2000.

The company moved from its principal place of business and the company's accountant also moved from the mailing address used for the company.

None of the notices were forwarded to the new addresses. The company thought the accountant was doing the annual reports, and the accountant thought the company was doing them.

We respectfully request that the reinstatement fee be waived. A check for \$900 is enclosed to cover the annual fee of \$150 for the years 2001 through 2006.

Thank you very much!