PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 MAY 27 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 66295

1. Corporation Name, trans global group inc.

Principal Place of Business / Mailing Address
275 FOUNTAINEBLEAU BLVD # 160
MIAMI, FL. 33172.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
275 FOUNTAINEBLEAU	275 FOUNTAINEBLEAU BLVD
Suite, Apt. #, etc.: # 160	Suite, Apt. #, etc.: # 160
City & State: MIAMI FL 33172.	City & State: MIAMI FLA
Zip / Country: DADE	Zip: 33172 / Country: dade

4. Date Incorporated or Qualified To Do Business in Florida: 2/16/1989.

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/V/S/T	MARIO SANCHEZ	275 FOUNTAINEBLEAU BLVD # 160	MIAMI FL 33172.

-05/29/97--01076--006
***1583.75 ***1583.75

REINSTATEMENT 92-97

O. Alan
5/27/97

8. Name and Address of Current Registered Agent

MARIO SANCHEZ
5355 nw 173 dr
miami fl 33055

9. Name and Address of New Registered Agent

Name: MARIO SANCHEZ
Street Address (P.O. Box Number is Not Acceptable): 5355 nw 173 dr
Suite, Apt. #, Etc.:
City: MIAMI | State: FL | Zip Code: 33055

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent X Mario Sanchez — Date 5/23/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: X Mario Sanchez — 5/23/97 — 305-227-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (6/95)