

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE.

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -8 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K66295**

1. Corporation Name

**TRANS - GLOBAL DEVELOPERS,
INC.**

2. Principal Office Address

7805 SW 24th

Suite, Apt. #, etc.

124

City & State

MIAMI, FL.

Zip

33155

Country

US.

3. Mailing Office Address

12074 SW 125th

Suite, Apt. #, etc.

— 0 —

City & State

MIAMI, FL.

Zip

33186

Country

U.S.

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

2/16/1989.

5. FEI Number

650531644

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

MARIO SANCHEZ JR.

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

12074 SW 125th

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

SUDD04690155-4

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******908.75 ****908.75**

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

Mario Sanchez Jr.
REGISTERED AGENT MUST SIGN

Date

11/07/01

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
P-V P T-S	MARIO SANCHEZ JR	12074 SW 125th	MIAMI, FL. 33186

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:

Mario Sanchez Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/07/01

Daytime Phone #

305-969-8959