PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV -4 AM 9:45

DOCUMENT # N33734

1. Corporation Name

TRANSFLORIDA EXECUTIVE CENTRE, INC.

400187459564
11/04/10--01041--001 **481.25

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
17555 Collins Avenue		1828 SW 101ST TER	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
No. 2801			
City & State		City & State	
Sunny Isles Beach, Florida		MIRAMAR FL	
Zip	Country	Zip	Country
33160	USA	33025	USA

4. Date Incorporated or Qualified To Do Business in Florida 08/16/1989

5. FEI Number 650177219 ☐ 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: Eisinger Brown Lewis Frankel Chaiet & Krut PA

Street Address (P.O. Box Number is Not Acceptable): ATTN: Dennis J. Eisinger, Esquire, 4000 Hollywood Boulevard

Suite, Apt. #, Etc.: Suite 265-S

City	State	Zip Code
Hollywood	FL	33021

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 _____ Date 7/13/10

REGISTERED AGENT MUST SIGN

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/D	YOSI GIL	17555 Collins Avenue, No. 2801	Sunny Isles Beach, FL 33160

10. **E-mail Address:** gildevelopment@live.com

(To be used for future annual report notification)

11. 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. I further certify 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 _____ 10/5/2010 305-692-8500

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