

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 DEC 28 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

99-07  
*[Signature]*

400113463724  
12/28/07--01009--012 \*\*551.25

CR2E081 (1/07)

**DOCUMENT #** N51050

**1. Corporation Name**

TRANSFORMERS INTERNATIONAL INC.  
421 NE 70 ST  
MIAMI FL 33138

**2. Principal Office Address - No P.O. Box #**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

POB 381881

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33238

Country

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

9/25/92

**5. FEI Number**

65-0363046

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

Phyllis REID

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

421 NE 70th ST

Suite, Apt. #, Etc.

City

MIAMI FL 33138

State

Zip Code

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**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

REGISTERED AGENT MUST SIGN

Date 12-26-07

**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	Phyllis T. REID, MSW, APP	421 NE 70th ST	MIAMI, FL 33138
D	JHERYL PESTAINA	16702 SW 114 CT	MIAMI FL 33157
D	MALIK C. Podgett	c/o WASHINGTON MUTUAL 9640 NE 2ND AVE	MIAMI SHORES, FL 33138
D	AMIR YOUSSEF	a/o HW8 CREATIVE 7283 BISCAYNE BL	MIAMI, FL 33138
D	WILLIAM LOPEZ, LCSW, CT	9001 JACARANDA LANE #201	PLANTATION FL 33324

**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

12-26-07

Date

Daytime Phone #

305-  
759-0236