

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 95000005236

1. Corporation Name

TRANSFLORIDA OFFICE PLAZA, INC.

2. Principal Office Address

9122 GRIFFIN ROAD

Suite, Apt. #, etc.

City & State

COOPER CITY

Zip

33328

Country

USA

3. Mailing Office Address

9122 GRIFFIN ROAD

Suite, Apt. #, etc.

City & State

COOPER CITY

Zip

33328

Country

FILED
05 DEC 23 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-05

CR2E081 (8/05) 1. Roberts DEC 27 2005

4. Date Incorporated or Qualified To Do Business in Florida

11/06/1995

5. FEI Number

65-0648134

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

DANIEL GROSSMAN

Street Address (R.F.D. Box Number is Not Acceptable)

9122 GRIFFIN ROAD

Suite, Apt. #, Etc.

200062514722

12/30/05--01064--008 **\$42.50

City

COOPER CITY

State

FL

Zip Code

33328

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 12/20/2005

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	MICHAEL AXELROD	9116 GRIFFIN ROAD	cooper city, fl 33328
VP	dan grossman	9122 griffin road	cooper city, fl 33328

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/05

Date

9546807759

Daytime Phone #