

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N97000005180**

1. Corporation Name

TRANSITION MONITORING GROUP, INC.

Principal Place of Business

**3041 NORTHWEST 43 TERRACE
LAUDERDALE LAKES FL 33313**

Mailing Address

**3041 NORTHWEST 43 TERRACE
LAUDERDALE LAKES FL 33313**



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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/1997

5. FEI Number

65-6912421

Applied For
Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	MBAATYO, AKPE A DR	3041 NORTHWEST 43 TERRACE	LAUDERDALE LAKES FL 33313
STD	TOR-AGBIDYE, YAKUBU-TOR DR	3041 NORTHWEST 43 TERRACE	LAUDERDALE LAKES FL 33313
VD	KWEMBE, TOR DR	3041 NORTHWEST 43 TERRACE	LAUDERDALE LAKES FL 33313

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-05/11/99--01061--031
*****28.25 *****28.25

REINSTATEMENT

98-29 B 5/4/99

8. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **1-12-99**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information
on intangible tax)

12. 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)(b), 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

DR. AKPE MBAATYO

1-12-99 9:54-735-444
Date Daytime Phone