

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 7:24

DOCUMENT # P00000048545

1. Corporation Name

TRANSFIGURATION, INC.

Principal Place of Business

Mailing Address

~~9110 SADDLE CREEK DRIVE
BOCA RATON FL 33496~~

~~9110 SADDLE CREEK DRIVE
BOCA RATON FL 33496~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
3325 S. University Dr. Ste 123

Suite, Apt. #, etc.
3325 S. University Dr. Ste 123

City & State
Davie, Florida

City & State
Davie, Florida

Zip
33328

Country

Zip
33328

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/2000

5. FEI Number

65-1008362

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	City / State / Zip
PD	ACEVEDO, UNMI	9110 SADDLE CREEK DRIVE	BOCA RATON FL 33496
VD	ACEVEDO, ANGEL	9110 SADDLE CREEK DRIVE	BOCA RATON FL 33496
PD	ACEVEDO, UNMI	14911 NEW CASTLE LANE	DAVIE FL 33331
VD	ACEVEDO, ANGEL	14911 NEW CASTLE LANE	DAVIE FL 33331
			200004661352--5 -10/31/01--01064--016 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ACEVEDO, UNMI

~~9110 SADDLE CREEK DRIVE
BOCA RATON FL 33496~~

Name

ACEVEDO, UNMI

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

14911 NEW CASTLE LANE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33331

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.

AD

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/14/01

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 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] ANGEL A. ACEVEDO 10/14/01 (305) 258-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/01)