

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

**CORPORATION
REINSTATEMENT**



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

02 APR -5 AM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 000000 51691

1. Corporation Name

TRANSOCAR CORP.

2. Principal Office Address

1080 99th STREET

3. Mailing Office Address

1080 99th STREET

Suite, Apt. #, etc.

No. B13

Suite, Apt. #, etc.

No. B13

City & State

BAY HARBOR, FL

City & State

BAY HARBOR, FL

Zip

33154

Country

USA

Zip

33154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/2000

5. FEI Number

65-1011871

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

CARLOS J. GARCIA

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

1080 99 ST. No. B13

Suite, Apt. #, Etc.

City

BAY HARBOR

State

FL

Zip Code

33154

3. 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

3/27/02

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

PSTD CARLOS J. GARCIA

1080 99 ST. No. B13

BAY HARBOR, FL 33154

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

Date

Daytime Phone #

3/27/02 (305) 968 5931