

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000073171

1. Corporation Name

Trans-America Financial Association, Inc.
6611 US Hwy 19, Suite 510
New Port Richey, FL 34652

2. Principal Office Address

Same

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/00

5. FEI Number

59-3658466

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James Wilson

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

11854 Dunster Lane

Suite, Apt. #, Etc.

City

Parrish

State

FL

Zip Code

34219

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

11/24/2003

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
DPC	James Wilson	11854 Dunster Lane	Parrish, FL 34219
DST	Paul Orphen	64 West Park Street	Tarpon Springs, FL 34689

REINSTATEMENT 03 TS

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:

James Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/24/2003 727-846-0094

Daytime Phone #

CR2E081 (10/02)

Re: 7/2/03

**JACOBS ACCOUNTING, INC.
2121 MAIN STREET
DUNEDIN, FL. 34698**

11/20/2003

**FLORIDA DEPARTMENT OF STATE
DIV. OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL. 32314**

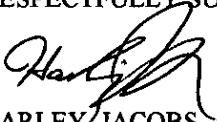
TO WHOM IT MAY CONCERN,

ENCLOSED A CHECK IN THE AMOUNT OF \$ 150.00 FOR THE REINSTATEMENT OF TRANS-AMERICA FINANCIAL ASSOCIATION , INC.

WE ARE REQUESTING THAT THE LATE FILING FEES BE WAVED. MR. WILSON DID NOT RECEIVE THE ANNUAL REPORTS FOR 2003. THEY WERE SENT TO THE OLD ADDRESS. WE APPRECIATE YOUR HELP IN THIS MATTER.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THIS MATTER PLEASE CALL 727-210-2552.

RESPECTFULLY SUBMITTED,



HARLEY JACOBS
ACCOUNTANT