PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

,:m@|011|11|

AP REIN	PLICE CONTROL OF THE STATEMENT		A DEPARTME Katherine Hat Secretary of Secretary of Secretary	State		FILLU LUNETARY OF STAT SION OF CORPORATI	E. Const	
DOCUMENT # P00000075913 1. Corporation Name					OI DEC 17 AM IO: OI			
TRANS	2000, INC.							
Principal Place of Business Mailing Addr			ess		_			
19255 NE 2ND AVENUE. #2207 MIAMI FL 33179			19255 NE 2ND AVENUE. #2207 MIAMI FL 33179					
	addresses are incorrect in any wancipal Office Address, If Applica		nformation and enter ng Office Address, I		Date Incorp	orated or Qualified		1
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		To Do Business in Florida 08/10/2000			
City & State		City & State	City & State		5. FEI Number	65–1030953	Applied For Not Applicable	
Zip Country		Zip	Zip Countr		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		Additional Fee required	
7. Names	and Street Addresses of Each C	Officer and/or Director (Flo	rida nonprofit corpor	rations must list at lea	ast 3 directors)			
Title(s)			Street Address of Each Officer and/or Director					
D	SEALY, JEFFREY		19255 NE 2ND AVENUE, #2207			MIAMI FL 33179	:	
						,		
		, which are the second						
			SUSP. JALES .		00	100047409 -12/27/0101 ****150.00	3 300 034008 ****150.00	
		TO THE STATE OF TH			<u> </u>			
						Mar	\	i
8. Name and Address of Current Registered Agent					9. Name and Address of Ne Registered Agent			
01110			• ,	Name				CR2E040 (8/01)
Singer, Bernard a 4925 Sheridan Street				Street Address (F	Street Address (P.O. Box Number is Not Acceptable)			
SUITE A				Suite, Apt. #, Etc.				S
HOLLYWOOD FL 33021				City State Zip Code				
10. I, being Signature o Registered	appointed the registered agent			vith and accept the ol	bligations of Secti		2	
		REGISTERED AG	ENT MUST SIGN			•		

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

12/4/6;
Date Daytime Phone #

Bernard A. Singer, P.A.

Bernard A. Singer, Esq.

Board Certified Tax Lawyer

HOLLYWOOD: 4925 Sheridan Street Suite A

Hollywood, Florida 33021

BOCA RATON: 5100 Town Center Circle Suite 430 Boca Raton, Florida 33486 REPLY TO: HOLLYWOOD OFFICE Of Counsel: Stephen L. Cohen, Esq. Admitted in New York

TELEPHONES:

Hollywood: (954) 985-8600 Fort Lauderdale: (954) 423-4400 Boca Raton: (561) 347-0577 Miami-Dade: (305) 892-8512 Telecopier: (954) 985-8477 E-Mail: BernieSinger@lawyer.com

December 11, 2001

Division of Corporations Registration Section 409 East Gaines Street Tallahassee, Florida 32399

Re: Tra

Trans 2000, Inc.

Dear Sir/Madam:

Enclosed is the Application for Reinstatement for Trans 2000, Inc. along with my check in the amount of \$150 in payment of the annual fee.

Due to a turnover in personnel, my client did not become aware of this late filing until he received the attached Application for Reinstatement. Accordingly, it would be greatly appreciated if you would waive any penalties with this filing. My client always files timely reports to my knowledge and this inadvertent non-receipt of the report form is the reason for the lateness.

Thank you in advance for your courtesies in this matter.

Very truly yours,

Bernard A. Singer, Esq.

BAS/blz Enclosures

cc: Jeffrey Sealy (without enclosures)

W:\Sealy\Sec of State.ltr