

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT** FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

DOCUMENT # P01000092821

1. Corporation Name

TRANSAM DOCUMENT SHREDDING, INC.

Principal Place of Business

594 OAK BAY DR  
OSPREY FL 34229

Mailing Address

594 OAK BAY DR  
OSPREY FL 34229

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

09/20/2001

5. FEI Number

80-0005285

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MAY, MICHAEL G	594 OAK BAY DR	OSPREY FL 34229
D	BLAKE, RICHARD A	5864 TIDEWOOD AVE	SARASOTA FL 34231
D	MARTIN, MICHAEL C	1143 SLEEPY HOLLOW CT	VENICE FL 34292

8. Name and Address of Current Registered Agent

MAY, MICHAEL G  
594 OAK BAY DR  
OSPREY FL 34229

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
Richard A. Blake  
REGISTERED AGENT MUST SIGN

Date 2-20-03

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 REQUIRED**  
RICHARD A. BLAKE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-03 941-923-7502

142  
**FILED**  
**Mar 21, 2003 8:00 A.M.**  
**Secretary of State**



CR2E040 (8/02)

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**TRANSAM DOCUMENT SHREDDING INC.**

**D.B.A. Sarasota Document Shredding**

4563 Mariotti Ct. #101  
Sarasota, Florida, 34233

February 19, 2003

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
Tallahassee, Florida 32314-6327

To whom it may concern,

We did not receive the two prior uniform business report (UBR) notices. All information on the enclosed reinstatement application is correct.

Very Truly Yours,

*Richard A. Blake VD*

Richard A. Blake VD