PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -9 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000110747

1. Corporation Name
Transcoastal, Incorporated

500037796885
06/09/04--01026--004 **900.00

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
1425 Wilkins Ave	1425 Wilkins Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33401 Country: Palm Beach	Zip: 33401 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 11/16/2001

5. FEI Number: 57-1206274 ☐ 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: Duane Burgard

Street Address (P.O. Box Number is Not Acceptable): 1425 Wilkins Avenue

Suite, Apt. #, Etc.:

City: West Palm Beach | State: FL | Zip Code: 33401

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 _____ Date 6/7/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	Duane Burgard	1425 Wilkins Avenue	West Palm Beach, FL 33401
V	Mark Casey	1425 Wilkins Avenue	West Palm Beach, FL 33401
S	Linda G. Burkhert	1425 Wilkins Avenue	West Palm Beach, FL 33401

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: _____ DUANE BURGARD 6/7/04 561 835-4952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #