

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 NOV -3 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000043015**

1. Corporation Name

Trann Technologies, Inc.

2. Principal Office Address

12526 US Highway 90

Suite, Apt. #, etc.

City & State

Mossy Head, Florida

Zip

32434

Country

USA

3. Mailing Office Address

P.O. Box 1221

Suite, Apt. #, etc.

City & State

Mossy Head, Florida

Zip

32434

Country

USA

REINSTATEMENT

04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/22/2002

5. FEI Number

010692793

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

George Ralph Miller

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

561 Blue Mountain Beach Road

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32549

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/31/05**

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
D	Bryan E. Kilbey	590 Circle Drive	DeFuniak Springs, FL, 32435

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/2005

850-892-5731

Date

Daytime Phone #

11/3/05