PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. /g =

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P02000114938
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1. Corporation Name

TRANSUNIVERSAL AGENCY, INC.

Principal	Place o	f Business

Mailing Address

5957 AMBERWOOD DRIVE NAPLES FL_34110 5957 AMBERWOOD DRIVE NAPLES FL 34110

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

ATE OF STATUS DESIRED 🗌

\$8.75 Additional Fee required

for a Certificate of Status

FILED PH 4: 12

OH HAY 20 PH 4: 12

Zip	Country	Zip	Country	· CERTIFIC
7 Names and	Street Addresses of Each Office	or and/or Director (Flori	do popprofit corporations must	list at least 2 directors

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
PD	DILLON, KAREN K	5957 AMBERWOOD DRIVE	NAPLES FL 34110	
VD	DILLON, THOMAS J	5957 AMBERWOOD DRIVE	NAPLES FL 34110	
			00030065875 /0401035008 **150.00	
		04/2	00030065875 0/0401058007 **150.00	

o. Name and Address of t	Jurrent Registered Agent	9. Name and Addre	ess of New Registered Agent
and the same of th		Name	
DILLON, KAREN K ** 5957 AMBERWOOD DRIVE		Street Address (P.O. Box Number is Not Acceptable)	
NAPLES FL 34110		Suite, Apt. #, Etc	
		City	State Zip Code

10. I, being appointed the registered agent of the above named corporation, am₂ amiliar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/3/04

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.

CICNATUDE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04

Davdimo Phone #

CR2E040 (7/03)

John

Thomas J. and Karen K. Dillon 5957 Amberwood Drive

Naples, Florida 34110 239-593-4625 239-593-4632 Fax

March 3, 2004

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

To Whom it May Concern:

We received this application and I sent it to my accountant in Columbus, Ohio, as we were totally unfamiliar with any annual report required by Florida. We moved from Ohio and reincorporated in Florida, terminating our Ohio corporation.

He has been out of the office for several months due to his heart attack, open-heart surgery and subsequent recuperation and I today discovered that he had never followed up on this.

This is the only document we have ever received and still don't know what a uniform business report notice is. We certainly want to file any necessary documents, but are in the dark. Please send information regarding any documents that need to be filed and we will do so right away. We will also need to send one for last year, but haven't received anything for this either. I am sending a check for \$150.00. I hope this is correct.

Please either respond by mail with requested information or contact me at 239-593-4620.____ Thanks for your assistance.

Sincerely,

Karen K. Dillon

/kkd

Enclosures