


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 8:52

DOCUMENT # P02000133243	
1. Entity Name TRANSNET WIRELESS CORPORATION	

Principal Place of Business 100 S. PINE ISLAND RD 200 PLANTATION, FL 33324	Mailing Address 100 S. PINE ISLAND RD 200 PLANTATION, FL 33324
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REINSTATEMENT 06



2. Principal Place of Business 1111 Brickell Avenue Suite, Apt. #, etc. 2050 City & State Miami, FL Zip 33131	Country	3. Mailing Address 1111 Brickell Avenue Suite, Apt. #, etc. 2050 City & State Miami, FL Zip 33131	Country
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10182006 REIN-P CR2E098 (11/05)

4. FEI Number 20-0306768	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARTWRIGHT, BRADLEY 100 S. PINE ISLAND RD 200 PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Jane W. Moscowitz, as Receiver Street Address (P.O. Box Number is Not Acceptable) 1111 Brickell Avenue, Ste 2050 City Miami FL Zip Code 33131
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jane W. Moscowitz as Receiver DATE 10/18/06

Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD CARTWRIGHT, BRADLEY 100 S. PINE ISLAND RD SUITE 200 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Receiver Jane W. Moscowitz, as Receiver 1111 Brickell Avenue, Ste 2050 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700081126777 10/23/06--01068--023 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jane W. Moscowitz as Receiver DATE 10/18/06 DAYTIME PHONE # 305-379-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane W. Moscowitz