## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000136767  1. Entity Name TRANSTEK ADVANTAGE, INC.							1	FILED JAN 20 PM 4:0	3	
Principal Place of Business 1650 PRUDENTIAL DRIVE SUITE 210 JACKSONVILLE, FL 32207				Mailing Address 1650 PRUDENTIAL DRIVE SUITE 210 JACKSONVILLE, FL 32207			SECI TALL	RETARY OF STAT AHASSEE, FLORII	E ) A <b>I I</b> III III III III III	! <b>188</b>
2. Principal Place of Business - No P.O. Box #				3. Mailing Address				<b>                                    </b>		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01162009		2E098 (1/07)	<del></del>
City & State				City & State		4. FEI Numb 20-046		No	plied For t Applicable	
Zip		Country		Zip	Cour	Ntry	1	e of Status Desired	\$8.75 Add Fee Required	itional d
		and Address of Curr	ent Regis	tered Agent		Name	7. Name and	Address of New Register	ed Agent	
GOODWIN, TERRI 12440 FLYNN ROAD JACKSONVILLE, FL 32223						Street Address (P.O. Box Number is Not Acceptable)				
1						City		F	Zip Code	9
8. The above named entity submits this statement or 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 egistered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE:										
FILE NOW!!! FEE IS \$300.00								In accordance with s. 6 corporation did not rec		
10.	PD	OFFICERS A	ND DIREC		11.		ADDITIONS	/CHANGES TO OFFICERS /	AND DIRECTORS  Change	S IN 11
NAME J STREET ADDRESS 1	JOHNSON, PAM					e ret address /-st-zip	51 01/20	0 <b>014148</b> 8		_
NAME J STREET ADDRESS 1	CEO Delete  JOHNSON, MARV  1650 PRUDENTIAL DRIVE, SUITE 210  JACKSONVILLE, FL 32207					E AE EET ADDRESS	☐ Change ☐ Addition			
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NAME STREET ADDRESS CITY-SI-ZIP	R	EINST	ΔΤ	□ Delete	9	1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CATY-ST-ZIP			RH	,	CITY	ret adoress (-st-zip			Change	Addition
12. I hereby certify that the information supplied with this filling 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:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAVE OF SIGNING OFFICER OR DIRECTOR  Date  Designer Phone #										