

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000151996

Entity Name: TRANSITION OPTIONS, INC.

**FILED**  
**Oct 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

499 E CENTRAL PKWY STE 235  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

499 E CENTRAL PKWY  
STE 235  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

499 E CENTRAL PKWY STE 235  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

499 E CENTRAL PKWY  
STE 235  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 20-0505946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BURKE, CATHERINE A  
499 E CENTRAL PKWY STE 235  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

BURKE, CATHERINE A  
499 E CENTRAL PKWY  
STE 235  
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE: CATHERINE A. BURKE

10/05/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BURKE, CATHERINE A  
Address: 135 HILLTOP PLACE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHERINE A. BURKE

CEO

10/05/2010

Electronic Signature of Signing Officer or Director

Date