

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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FILED


05 OCT 24 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10/28/05--01044--010 \*\*150.00

REINSTATEMENT  
CR2E081 (8/05)

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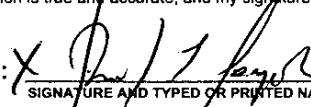
<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P04000063572</b>			
<b>1. Corporation Name</b> SURTRANS CORP.			
<b>2. Principal Office Address</b> 5734 PGA BLV. Suite, Apt. #, etc. APT.423 City & State ORLANDO, FL Zip 32839		<b>3. Mailing Office Address</b> 5734 PGA BLV. Suite, Apt. #, etc. APT. 423 City & State ORLANDO, FL Zip 32839	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
<b>5. FEI Number</b> 20-1008887	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name RAUL E. GONZALEZ	
Street Address (P.O. Box Number is Not Acceptable) 5734 PGA BLV.	
Suite, Apt. #, Etc. APT.423	
City ORLANDO	State FL
Zip Code 32839	

<b>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.</b>	
Signature of Registered Agent <i>X</i>	Date 09/22/2005
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	RAUL E. GONZALEZ	5734 PGA BLV.#423	ORLANDO, FL 32839

<b>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.</b>	
<b>SIGNATURE:</b> <i>X</i> 	<b>09/22/2005 321-662-8564</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

B. Mitchell OCT 26 2005

2082

**SURTRANS CORP.**

P04000063572  
5743 Pga Blvd. Apt. 423  
Orlando, FL 32839  
(321) 662-8564

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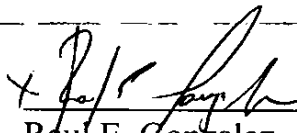
To Whom It May Concern,

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This letter is to request removal of reinstatement penalties put upon my corporation. I did not receive any of the annual reports and that is why I did not make the annual payments. Now, I wish to reinstate my corporation and will pay previous unpaid annual reports. Attached to this letter you will find a check of \$150.00 for unpaid annual reports. If you have any questions, please do not hesitate to contact me.

Sincerely,

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Raul E. Gonzalez  
President