


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 16 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000071195 1. Entity Name TRANS-NATIONAL FORWARDERS, CORP.					
Principal Place of Business 2075 TIGER CREEK TR LAKE WALES, FL 33898			Mailing Address 2075 TIGER CREEK TR LAKE WALES, FL 33898		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4TH FL MIAMI, FL 33145				Name ANGELA C BASSO Street Address (P.O. Box Number is Not Acceptable) 2075 TIGER CREEK TRAIL City LAKE WALES FL Zip Code 33898	
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 <u><i>Angela Basso</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>10-7-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GRAY, MARGARET 2075 TIGER CREEK TR LAKE WALES, FL 33898 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ANGELA C. BASSO 2075 TIGER CREEK TRAIL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BASSO, ANGELA C 2075 TIGER CREEK TR LAKE WALES, FL 33898 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT MARGARET GRAY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOONS, REGINA 2075 TIGER CREEK TR LAKE WALES, FL 33898 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	100080881051 10/18/06--01051--012 **158.75 <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: <u><i>Margaret R Gray</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>10-7-06</u> 863-696-4018 <small>Daytime Phone #</small>		