

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000110831

**FILED**  
**Nov 04, 2009**  
**Secretary of State**

**Entity Name:** TRANSIENT KEEPERS MANAGEMENT, INC.

**Current Principal Place of Business:**

4694 W. IRLO BRONSON MEMORIAL HIGHWAY  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

2513 W. FLORIDA ST  
GREENSBORO, NC 27407

**New Mailing Address:**

**FEI Number:** 26-0097258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHOWDHURY, KAMAL J  
4694 W. IRLO BRONSON MEMORIAL HIGHWAY  
KISSIMMEE, FL 34746 US

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

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:** KAMAL J. CHOWDHURY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** CHOWDHURY, KAMAL J  
**Address:** 4694 W. IRLO BRONSON MEMORIAL HIGHWAY  
**City-St-Zip:** KISSIMMEE, FL 34746

**Title:** VP ( ) Delete  
**Name:** CAYAO, JOSE  
**Address:** 32443 NORTHWESTERN HIGHWAY  
**City-St-Zip:** FARMINGTON HILLS, MI 48334

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** KAMAL J. CHOWDHURY

Electronic Signature of Signing Officer or Director

MR.

11/04/2009

Date