

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 JAN -5 PM 12:48

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066276

1. Corporation Name  
TRANSFACILITY, INC.

2. Principal Office Address

9970 SW 30th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33165

Country

USA

3. Mailing Office Address

2423 SW 147 AVE

Suite, Apt. #, etc.

#141

City & State

MIAMI, FL.

Zip

33185

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9-20-1993

5. FEI Number

65-0450933

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

QUARANTA, RENATO

Street Address (P.O. Box Number is Not Acceptable)

9970 SW 30 STREET

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33165

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.

Signature of  
Registered Agent

Date 1-2-07

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	QUARANTA, RENATO	9970 SW 30 STREET	MIAMI, FL. 33165
VP/T/D	CARIDAD, RONALD	8480 SW 146 STREET	MIAMI, FL. 33158

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 contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-07

Date

Daytime Phone #