## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR	FLORID	DEPARTMEN Catherine Ha ecretury of S			FILED	196
REINSTATEMENT WILL ON CORPORATION				FILEU		
DOCUMENT # <b>P9400010018</b> 1. Corporation Name				01 NOV 16 AM 10: 04		
THE TRANSITION TEAM, INC.				SECRETARY DESTATE TABLAHASSEEF FLORIDA		
Principal Place of Business Mailing Address						
9111 CROSS PARK DRIVE 9111 CROSS SUITE A-250 SUITE A-250 KNOXVILLE TN 37923 KNOXVILLE US US						
If above addresses are incorrect in any way, line through incorrect information an  2. New Principal Office Address, If Applicable  3. New Mailing Office Add  3. New Mailing Office Add  3. New Mailing Office Address Addres						
		ng Office Address, If Applicable				
Suite, Apt. #, etc. Suite, Apt. #,				5. FEI Number Applied For		
City & State City & State				59-3224567 Not Applicable		
Zip Country	Zip	Countr	у		OF STATUS DESIRED	Additional Fee required a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
PD TRUZA, DONALD R		12126 BUTTERNUT CIR			KNOXVILLE TN 37922	
AS CASESA, PHILIP A		4832 GREEN CROFT RD		SARASOTA FL 34235		
T JOHNSON, ALAN D		9079 MARY ANN AVE.		SHELBY TWP MI		
S TRUZA, ROBERTA		12126 BUTTERNUT CIR		KNOXVILLE TN 37922		
T JOHNSON, ALAN D		12160 BROOKSTONE DRIVE		KNOXVILLE TN 37922	LS	
				90	00047187 -12/11/01010	290 31-028
Name and Address of Current Registered Agent     Name				9. Name and A	ddress of New Registered Ag	##**130.00
-CASESA; PHILIP A			Street Address (P.O. Box Number is Not Acceptable)			
4832 GREEN CROFT ROAD				.o. box mamber	3 TOT AUDICIDIO	
SARASOTA FL-34235			Suite, Apt. #, Etc.			
			City State FL Zip Code			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.						
Signature of Agent Agent Agent Agent MUST SIGN  REGISTERED AGENT MUST SIGN						

11. 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 filling 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.

SIGNATURE



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9111 Cross Park Drive • Suite A-250 • Knoxville, TN 37923 • 865-694-3848 • FAX 865-694-3865

Donald R. Truza, SPHR, CMF Chief Executive Officer

October 19, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

Dear Sir/Madam:

We recently received an application for Reinstatement from you regarding our annual filing. We were initially shocked; but, after checking our files, we found you to be correct; we hadn't filed this year. I then called your office and, after explaining our situation, was told to send you this letter of explanation and the usual \$150 fee.

We don't know what happened. We have never before been late with a filing. We are pretty certain we did not receive the renewal form in the mail nor do we have record of ever receiving a reminder. Perhaps the mail was a problem; perhaps it was caused by changing our mailing address last year?

Nonetheless, enclosed is our completed application for reinstatement, with the \$150 check as suggested by your office. We hope you will consider our past record of completeness and timeliness and waive the reinstatement fee.

Thanks in advance for your efforts on our behalf.

Sincerely,

