

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

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10/31/02--01113--024 \*\*1058.75

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P95000042362</b>			
<b>1. Corporation Name</b> Trans Continental Leasing, Inc.			
<b>2. Principal Office Address</b> 7380 SAND LAKE ROAD Suite, Apt. #, etc. SUITE 350 City & State ORLANDO, FL Zip 32819 Country USA		<b>3. Mailing Office Address</b> 7380 SAND LAKE ROAD Suite, Apt. #, etc. SUITE 350 City & State ORLANDO, FL Zip 32819 Country USA	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 05-30-1995	
<b>5. FEI Number</b> 593320740	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" 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 LOUIS J. PEARLMAN		
Street Address (P.O. Box Number is Not Acceptable) 7380 SAND LAKE ROAD		
Suite, Apt. #, Etc. SUITE 350		
City ORLANDO	State FL	Zip Code 32819

**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

REGISTERED AGENT MUST SIGN

Date 10/25/02

**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
President	LOUIS J. PEARLMAN	7380 SAND LAKE ROAD SUITE 350	ORLANDO, FLORIDA 32819

**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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-02 907345-0004  
Date Daytime Phone #

CR2E081 (9/01)