

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 02 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

02-03

DOCUMENT # P95000043908

1. Corporation Name

TRANSATLANTIC INTERNATIONAL DEVELOPMENT, INC.

Principal Place of Business

1000 PINELLAS ST.
CLEARWATER FL 33756
US

Mailing Address

1000 PINELLAS ST.
CLEARWATER FL 34616
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



700023507037
10/02/03--01013--018 **900.00

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1995

5. FEI Number

59-3319283

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BARBEROGLU, C	1000 PINELLAS ST.	CLEARWATER FL
D	RODERICK, STUART	1000 PINELLAS STREET	CLEARWATER FL 33756

8. Name and Address of Current Registered Agent

RODERICK B. STUART
1000 PINELLAS ST.
CLEARWATER FL 34616

9. Name and Address of New Registered Agent

Name

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

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. or 617.0505, F.S.

Signature of
Registered Agent

RODERICK B. STUART
REGISTERED AGENT MUST SIGN

Date

9/29/03

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 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 REQUIRED
RODERICK B. STUART
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/29/03

Daytime Phone #

727-446-5858

CR2E040 (8/02)