

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000020109

1. Corporation Name:
Trans Shoppe, Inc.

2. Principal Office Address
3128-9th St.n.

3. Mailing Office Address
3128-9th St.n.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg, FL.

City & State
St. Petersburg, FL.

Zip Country
33704 USA

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33704 USA.

4. Date Incorporated or Qualified
To Do Business in Florida 03/04/96

5. FEI Number
59-3367860

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name
LaVigne, Mark

Street Address (P.O. Box Number is Not Acceptable)
3128-9th St.n.

Suite, Apt. #, Etc.

600035559476
05/06/04--01023--017 **900.00

City
St. Petersburg, FL.

State Zip Code
FL 33781

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent *Mark LaVigne*
REGISTERED AGENT MUST SIGN

Date 4-27-04

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
D	LaVigne, Mark	7151-64th St. n.	Pineellas Park, FL 33781
S	LaVigne, Annette	7151-64th St. n.	Pineellas Park, FL 33781

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: *Mark LaVigne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 727-822-1033
Date Daytime Phone #

CRE001 (01/04)