

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
13 DEC 26 PM 3: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074281

1. Corporation Name

TRANSEURO HOLDINGS, INC.

**FILING CANCELLED
RETURNED CHECK**

2. Principal Office Address - No P.O. Box #
18001 OLD CUTLER ROAD

3. Mailing Office Address
18001 OLD CUTLER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALMETTO BAY, FL

City & State

PALMETTO BAY, FL

Zip

33157

Country

USA

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1996

5. FET Number

X

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

ANDERSON & COHEN

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

910 BRICKELL AVENUE

Suite, Apt. #, Etc.

400

City

MIAMI

State

FL

Zip Code

33131

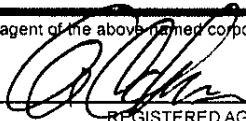
REINSTATEMENT

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12/26/13--01028--002 **2850.00

DEC 26 2013

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

R. HUNT

Date **12/17/13**

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

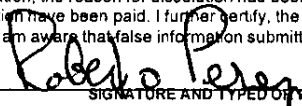
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	AMADO, JESUS H	18001 OLD CUTLER ROAD	PALMETTO BAY, FL 33157
SVSD	AMADO, YISHAI H	18001 OLD CUTLER ROAD	PALMETTO BAY, FL 33157
VP	MUNOZ, JOSE M	18001 OLD CUTLER ROAD	PALMETTO BAY, FL 33157
VP	LOPEZ, JOSE	18001 OLD CUTLER ROAD	PALMETTO BAY, FL 33157
T	MOREIRA, CARLOS	18001 OLD CUTLER ROAD	PALMETTO BAY, FL 33157
AS	PEREZ, ROBERTO	18001 OLD CUTLER ROAD	PALMETTO BAY, FL 33157

10. E-mail Address: **TRANSEUROUSA@AOL.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/13

Date

305-454-2010

Daytime Phone #