

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAR -2 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000033165

1. Corporation Name

Trans Tec International Export, Inc.

2. Principal Office Address - No P.O. Box #

777 South Federal Highway

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite RP809

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Zip

33062

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/14/1997

5. FEI Number  
65-0743745

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Michael G. Chandross

Street Address (P.O. Box Number is Not Acceptable)  
2300 West Sample RD

Suite, Apt. #, Etc.  
202

City  
Pompano Beach

State  
FL

Zip Code  
33073

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Michael G. Chandross*

REGISTERED AGENT MUST SIGN

Date

2/22/09

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
DPS	Emin Ornek	777 South Federal Highway	Pompano beach, FL 33062

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 contained in Chapter 119, 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:

*E. Ornek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/2009

Date

952-221-9495

Daytime Phone #

2/3/09