

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



FILED

02 OCT 30 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000049327

1. Corporation Name

TRANS-MED, INC.

Principal Place of Business
2050 OLD PINE WAY
SARASOTA FL 34232

Mailing Address
PO BOX 15062
SARASOTA FL 34277
US



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/01/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0838128	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	IERARDI, MICHELLE A	2050 OLD PINELAND	SARASOTA FL 34232

300008711003
10/30/02--01116--020 **158.75

MA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IERARDI, MICHELLE ANNE
2050 OLD PINE WAY
SARASOTA FL 34232

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

CR2E040 (8/02)

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 *Michelle Ierardi*
REGISTERED AGENT MUST SIGN

Date 10/26/2002

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: *Michelle Ierardi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/2002 941-923-3821
Date Daytime Phone #

October 28, 2002

Division of Corporations
Annual Report/Reinstatement Section

RE: P98000049327

To whom it may concern:

I just received the Notice of Dissolution or Revocation packet. I am in need of your help.

It is my recollection that I filed my Corporation annual forms with payment online at Sunbiz.org. I specifically remember attempting to do this. The problem is it must not have processed properly. I have checked my credit cards and business checking account for the \$150 payment that I believe I made and cannot find that the payment was made. I do not recall it not going through online.

Since March 7th I have separated and divorced and moved twice. I spent a week in Miami with my father who was in intensive care and have been trying to help with my grandmother who is very ill with dementia and cancer.

I am pleading with you to help me reduce the fees associated with staying on active status.

My business is very small and I handle all of the bookkeeping, scheduling, dispatching, payroll, taxes, employees and often times am on the road transporting patients as well. The company is 24 hours 7 days a week every day of the year. Usually things run okay, but with everything that has been happening this year, I have been having trouble staying on top of everything. I thought I was but this is evidence that I am not 100% on top of everything as I like to be.

Please help.

I am enclosing my payment of \$158.75 and application for reinstatement. Please accept this as payment in full.

Thank you for your consideration,

Michelle Ierardi

Michelle Ierardi/President
Trans-Med, Inc.
PO Box 15062
Sarasota FL 34277-1062