

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
TRANSFLORIDA
COMMUNICATIONS, INC.
P.O. BOX 506
GOULDS, FL. 33170

02 MAY 31 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P 980000 62144
TransFlorida Communications, Inc -

000005765280--2

-06/13/02--01034--011

****750.00 ****750.00

TRANSFLORIDA
COMMUNICATION, INC.
P.O. BOX 506
GOULDS, FL. 33170

2. Principal Office Address

21801 SW 167 AVE

3. Mailing Office Address

P.O. Box 506

Suite, Apt. #, etc.

Box 506

Suite, Apt. #, etc.

Box 506

City & State

Goulds, FL

City & State

Goulds, FL

Zip

33170

Country

USA

Zip

33170

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 15, 1998

5. FEI Number

65-0423 524

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

Catherine DiStrito

TRANSFLORIDA
COMMUNICATION, INC.
P.O. BOX 506
GOULDS, FL. 33170

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

21801 SW 167 AVE

Suite, Apt. #, Etc.

Box 506

R750 Temp
#0

City

Goulds

State

FL

Zip Code

33170

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

Catherine DiStrito
REGISTERED AGENT MUST SIGN

Date MAY 28, 2002

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
President	Catherine DiStrito	21801 SW 167 AVE	Goulds, FL 33170
VP	Joseph Jr DiStrito	21801 SW 167 AVE	Goulds, FL 33170
Secretary	Joseph Sr DiStrito	21801 SW 167 AVE	Goulds, FL 33170

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:

Catherine DiStrito

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cell Phone
305-216-2805
5-28-02 305-248-8122

CR2E081 (9/01)



TRANSFLORIDA COMMUNICATIONS INC

PO BOX 506

GOULDS, FLORIDA 33170

PHONE: 305-248-8122

FAX: 305-248-4346

CELL: 305-216-2805

Doc # P9800006214

e-mail : distrij@bellsouth.net

Department of State
Division of Corporation
Box 6327
Tallahassee, Fl. 32314

May 28, 2002

To Whom It May Concern:

In September of 1998, TransFlorida sent a letter requesting that the address of the Corporation be changed to P O Box 506, Goulds, FL 33170 instead of the physical address. Since this was not followed through we are requesting a Reinstatement. Check for reinstatement is enclosed.

Any cooperation you may give us will be greatly appreciated.

Sincerely,

Catherine Distrito – President
TransFlorida Communications, Inc
P9800006214