...LICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 June 1 AM 11:07

DOCUMENT # P98000088570

1. Corporation Name
The TransMutual Group Inc.

Principal Place of Business
305 SW 79 AVE.
MIAMI FL. 33144

Mailing Address

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

2. New Principal Office Address, If Applicable
3899 N.W. 7 Street
Suite, Apt. #, etc.
202-B
City & State
MIAMI, Florida
Zip 33126 Country USA

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
10/16/98

5. FEI Number
65-0870922
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D.	Armando J. Hernandez	13820 SW 41 Terr.	Miami, Fl. 33175
VP/D	Martha Hernandez	13820 SW 41 Te.	Miami, Fl. 33175

8. Name and Address of Current Registered Agent
Armando J. Hernandez
13820 SW 41 Terrace
Miami FL. 33175

9. Name and Address of New Registered Agent
Name: Armando J. Hernandez
Street Address (P.O. Box Number is Not Acceptable): 13820 SW 41 Terrace
Suite, Apt. #, Etc.:
City: Miami
State: FL Zip Code: 33175

CR2E081 (12/95)

I, I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

gnature of
gistered Agent: Armando J. Hernandez
REGISTERED AGENT MUST SIGN
Date: 5/30/00

1. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

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.

GNATURE: Armando J. Hernandez
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5/30/00
Date
Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

THE TRANSMUTUAL GROUP INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75

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