

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # P99000008825

1. Corporation Name

TRANSTECH, INC. OF SOUTH FLORIDA

Principal Place of Business

Mailing Address

~~4002 WAVERLY WOODS TERR~~
~~LAKE WORTH FL 33403~~

~~4992 WAVERLY WOODS TERR~~
~~LAKE WORTH FL 33463~~

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

2. New Principal Office Address, If Applicable
TRANSTECH INC.

3. New Mailing Office Address, If Applicable
TRANSTECH INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1042 S.W. 1 AVENUE

1042 S.W. 1 AVENUE

City & State

City & State

COMPANO

EACH, FLA

COMPANO

SEARCH, FL

Zip 33060

Country U.S.A.

Zip 33060

Country U.S.A.

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
D	TAPIO, MICHAEL A	1 CLEARWATER COURT	TAYLORS, S.C. 29687
XV	JORDAN, JAMRS W JR	5617 DES CARTES CIRCLE	BOYNTON BEACH, FLA. 33437
P	NORMAN E. CLARK	1042 S.W. 1 AVENUE	POMPAUNO BEACH, FL 33060
			500003506185--7 -12/19/00--01077--024 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAPIO, MICHAEL A
4992 WAVERLY WOODS TERR
LAKE WORTH FL 33463

Name NORMAN E. CLARK

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

1042 S.W. 1 AVENUE

Suite, Apt. #, Etc.

City POMPAUO BEACH

State
FL

Zip Code 33060

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

0075420 A