


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000023007	
1. Entity Name TRANS CONTINENTAL PUBLISHING, INC.	

FILED
2008 DEC 31 AM 11:20
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business 127 WEST CHURCH STREET SUITE 350 ORLANDO, FL 32801	Mailing Address 127 WEST CHURCH STREET SUITE 350 ORLANDO, FL 32801
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2. Principal Place of Business - No P.O. Box # 1814 WINDERMERE DOWN PLACE	3. Mailing Address 1814 WINDERMERE DOWN PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WINDERMERE, FL	City & State
Zip 34786	Country USA



REINSTATEMENT
12/6/2008 REINSTATEMENT GR2E098(1/07)

6. Name and Address of Current Registered Agent MILLS, GEORGE E 1814 WINDERMERE DOWN PLACE WINDERMERE, FL 34786	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature to be typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLS, GEORGE E P.O. BOX 995 GOTHA, FL 34734 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200139408632 12/31/08--01087--015 **750.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLS, GEORGE E P.O. BOX 995 GOTHA, FL 34734 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: <u>GEORGE MILLS</u> 12/15/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>