

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -1 AM 10:01

DOCUMENT # P99000025078

1. Corporation Name

TRANSGLOBAL PROPERTIES INVESTMENTS, INC.

~~WOL 21670~~

2. Principal Office Address

3. Mailing Office Address

3 GROVE ISLAND

1800 W. 49th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT. 703

SUITE 301

City & State

City & State

MIAMI, FL

HIALEAH, FL

Zip Country

Zip Country

33129

33012

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

03/18/1999

5. FEI Number

65-0909374

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

LEOPOLDO G. RIOS

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

1800 W. 49th Street

Suite, Apt. #, Etc.

Suite 301

City

Hialeah

State

FL

Zip Code

33012

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 09/14/2001

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
D	ALEMAN, ELDY	3 GROVE ISLAND, UNIT 703	MIAMI, FL 33129

[Handwritten Signature]

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/14/2001

Date

(305) 558-9669

Daytime Phone #

CR2E001 (8/00)