

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 27 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P9900DD31257**

1. Corporation Name

**TRANSWORLD COMMUNICATION, INC.**

2. Principal Office Address

**343 ALMERIA AVE.**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 85216**

Suite, Apt. #, etc.

City & State

**CORAL GABLES FL**

Zip  
**33134**

Country

City & State

**Hallandale FL**

Zip  
**33008**

Country

**BROWARD**

4. Date incorporated or Qualified  
To Do Business in Florida

**04/06/1999**

5. FEI Number

**65-090844**

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

**ALBU DUMITRU**

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

**4001 S OCEAN DRIVE**

Suite, Apt. #, Etc.

**# 3P**

City

**HOLLYWOOD**

**500014852055**

**03/27/03-01061-013 \*\*600.00**

State

**FL**

Zip Code

**33019**

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

**REGISTERED AGENT MUST SIGN**

Date **3/21/03**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | PRESIDENT - ALBU DUMITRU             | 4001 S OCEAN DRIVE #3P                            | Hollywood FL 33019 |
| T      | ALBU DUMITRU                         | 4001 S OCEAN DRIVE #3P                            | Hollywood FL 33019 |
| S      | ALINA BENIN                          | 4001 S OCEAN DRIVE #3P                            | Hollywood FL 33019 |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/03**

Date

**954 868 0971**

Daytime Phone #

**3/31**