

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**INCORPORATION**

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

**DOCUMENT #** P99000039625

1. Corporation Name  
**TRANSCONTINENTAL HOME IMPROVEMENT & URBAN DEVELOPMENT, INC.**

2. Principal Office Address  
**1925 N.E. 45<sup>th</sup> STREET**  
Suite, Apt. #, etc.  
**234**

3. Mailing Office Address  
**P.O. Box 8002**  
Suite, Apt. #, etc.

City & State  
**FT. LAUDERDALE, FL 33308**

City & State  
**FT. LAUDERDALE FLORIDA**

Zip  
**33308**

Country  
**U.S.A.**

Zip  
**33310**

Country  
**U.S.A.**

4. Date Incorporated or Qualified To Do Business in Florida  
**4-28-99**

5. FEI Number  
**65-0917586**

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  
**ALAN VOCE**

Street Address (P.O. Box Number is Not Acceptable)  
**1925 N.E. 45<sup>th</sup> STREET**

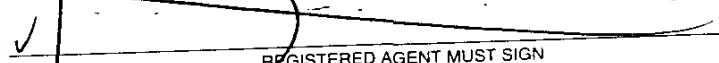
Suite, Apt. #, Etc.  
**234**

City  
**FT. LAUDERDALE**

State  
**FL**

Zip Code  
**33308**

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  Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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
P/D	ALAN VOCE	1925 N.E. 45 <sup>th</sup> STREET # 234	FT. LAUDERDALE FL 33308

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TRANSCONTINENTAL HOME  
IMPROVEMENT & URBAN  
DEVELOPMENT INC.

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November 13, 2000

Division of Corporations/Corporate Reinstatement  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

As per our telephone conversation on November 13, 2000 included please find a check in the amount of \$150.00 for the annual fee for Transcontinental Home Improvement and Urban Development, Inc. document # P99000039625. Due to a serious illness and a change over in accountants the annual report was not filed on time and I would greatly appreciate if the late fees were waived.

Sincerely,

Dr. Allan Voce, President

Mailing Address:

PO BOX 8002 Ft. Lauderdale FL 33310-8002 Ph: 954-566-2707 Fax: 954-565-6793