

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 NOV -9 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000042491

1. Corporation Name

TRANDATA CORPORATION
15871 SW 14th St.
PEMBROKE PINES, FL 33028

2. Principal Office Address

15871 SW 14th St. P. Pines 33028

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines

City & State

Zip

33028

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0950806

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

2001 UBR

7. Name and Address of Current Registered Agent

Name

KAZ K CHARY

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

15871 SW 14th St.

Suite, Apt. #, Etc.

City

PEMBROKE PINES, FL 33028

State
FL

Zip Code

33028

700004685007-2

-11/16/01--01045--002

****150.00 ****150.00

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

[Signature]

Date

11/10/2001

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
MR. P.	KAZ K CHARY	15871 SW 14th St.	Pembroke Pines, FL 33028

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/2001

Daytime Phone #

954 443 6046

CR2E081 (9/00)

Friday 10, 2001

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State of Florida
Division of Corporation
Tallahassee, FL 323

DEAR SIR/MADAM:

I would like to notify the state that the request for
reinstatement be waived due to the fact we were
unable to receive the Business Uniform Report.

Your consideration is greatly appreciated

Yours Sincerely

Kaz Cherry (Kaz Cherry)

President & Officer
Franchise Corporation

A. P99000042491