

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000042491

1. Corporation Name

TRANDATA CORPORATION

800009352318
12/04/02--01085--009 **150.00

2. Principal Office Address

7700 NW 81st PLACE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE # 1

Suite, Apt. #, etc.

SAME

City & State

MIAMI, FL

City & State

SAME

Zip

33166

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5/6/1999

5. FEL Number

650950806

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

KAZ K CHARY

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

15871 SW 14th STREET

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33028

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

11/21/2002

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
MRP	KAZ K CHARY	15871 SW 14 th PEMBROKE PINES	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/2002

Daytime Phone #

(305) 775-2985

CR2E081 (9/01)

272

11/21/2002

To :

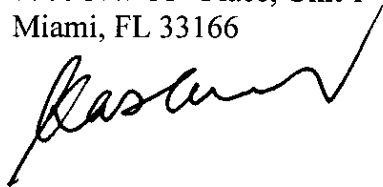
Whom it may concern:

I spoke with an agent with the State of Florida for the Inactive status for my corporation which is Trandata Corporation. I informed the gentlemen that I did not receive the notifications at my home address, which was specified in the UBR report. The gentlemen had referred me with some numbers, one of being 305 444 4994, along with this letter indicating that I did not receive the notifications of corporate dissolution.

I would very much appreciate if you waive the penalty fees for this year as I am enclosing my regular renewal fees through this organization.

I also would like to request an address change in the corporation filing, which is listed below. Please accept my appreciation in advance for your understading.

Kaz Chary
President
305 775 2985 (cell)
305 599 9644 (office)
Trandata Corporation
7700 NW 81st Place, Unit 1
Miami, FL 33166



Charter Number Only

11/21/02

VALIDATION ONLY

Requestor's Name

Address

City State ZIP Phone

Atlantic

CORPORATION(S) NAME

Trandata Corporation

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02 NOV 22 AM 10:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Pick Up
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier