PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION	
REIN TATEMENT	

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P99000057650 **DOCUMENT #**

1. Corporation Name

J.T.C. TRANS-COM, INC.

Principal Place of Business

Mailing Address

5325 CONGO CT. CAPE CORAL FL 33904 5325 CONGO CT.

CAPE CORAL FL 33904

FILED

02 OCT 30 PM 4: 41

SELINL TARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable				4 Data la	peorperated or Qualified				
			ng Onice Address, il Applicable		Date Incorporated or Qualified To Do Business in Florida 06/24/1999				
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc. City & State		5. FEI Nu	5. FEI Number Applied For Not Applied For			
City & State City &					City & State				
Zip		Country	Zip		Country	— 6. CERTIF	ICATE OF STATUS DESIRED	S8.75 Additional Fee require for a Certificate of Status	
7. Names a	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprofi	t corporations must list at l	east 3 director	s)	· · · · · · · · · · · · · · · · · · ·	
Title(s)	le(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
D	KRASNOW, JAMES S			5325 CONGO CT.		CAPE CORAL FL	CAPE CORAL FL 33904		
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		F-191 W4		,					
					Bim			•	
Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
-KRASNOW, JAMES S 5325 CONGO CT. CAPE CORAL FL 33904			Name	Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				Suite, Apt. #, Etc.					
					City		·· · · · · · · · · · · · · · · · · · ·	State Zip Code	
10. I, being	appointed the	registered agent of the at	oove named corpo	ration, am fa	miliar with and accept the	obligations of	Section 607.0505, F.S. or		
					·	**			

11. 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 of Registered Agent

J.T.C. Trans-Com, Inc.

5325 Congo Court, Cape Coral, FL 33904 (239) 540-7777 fax: (239) 540-4440

October 25, 2002

State of Florida
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL-32314

RE: Reinstatement of Corporation status

J.T.C. Trans-Com, Inc. EIN# 65-0930418

Document # P99000057650

Dear Sir or Madam:

To my recollection we never received any previous notification that this was due. I am very sorry that this oversight has happened. We have been in business since 1999 and have always paid on a timely manner. Please reinstate our corporation status. Enclosed is our check #1262 for the original filing fee.

Sincerely,

James S. Krasnow, President

J.T.C. Trans-Com, Inc.