

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 16 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000075029

1. Corporation Name

TRANS AM PACIFIC CORPORATION

2. Principal Office Address - No P.O. Box #

190 BELFONT CIR

Suite, Apt. #, etc.

City & State

SACRAMENTO, CA

Zip

95835

Country

USA

3. Mailing Office Address

912 WEST MICHIGAN AVE

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

32505

Country

USA

900161832479

10/16/09--01032--013 **508.75

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3633452

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

ROCKWELL ACCOUNTING LLC

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

912 W MICHIGAN AVE

Suite, Apt. #, Etc

City

PENSACOLA

State

FL

Zip Code

32505

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Cyr Rockwell
REGISTERED AGENT MUST SIGN

Date 09/30/2009

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
PD	DEONNA TANCHI	190 BELFONT CIR	SACRAMENTO, CA 95835
TD	PETER TANCHI JR	190 BELFONT CIR	SACRAMENTO, CA 95835
VPD	PAUL TANCHI	190 BELFONT CIR	SACRAMENTO, CA 95835
SD	CANDY MCCOMB	190 BELFONT CIR	SACRAMENTO, CA 95835

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 contained in Chapter 119, 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:

Peter Tanchi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER TANCHI

Date

Daytime Phone #

09/30/09 (850) 469-8030