

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000108171

1. Corporation Name

TRANSITORY MANAGEMENT AND
Consulting Group INC.

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

6024 SW 8ST

Suite, Apt. #, etc.

C-338

City & State

MIAMI, FLORIDA

Zip

33144

Country

USA

3. Mailing Office Address

6024 SW 8ST

Suite, Apt. #, etc.

C-338

City & State

MIAMI, FLORIDA

Zip

33144

Country

USA

7. Name and Address of Current Registered Agent

Name

Sylvia Mendiola

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

6024 SW 8ST

Suite, Apt. #, Etc.

C-338

City

MIAMI

State

FL

Zip Code

33144

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

Sylvia Mendiola
Sylvia Mendiola

Date 16 July 2007

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
PD	Sylvia Mendiola	6024 SW 8ST C-338	MIAMI, FL 33144
V/M	JORGE TABRAVE	325 S Biscayne Blvd, Suite 2722	MIAMI, FL 33131

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:

Sylvia Mendiola - President

Date

16 July 2007 3059926667

Daytime Phone #

FILED

07 JUL 17 AM 11:10

CLASASSEE, FLORIDA

REINSTATEMENT 0507
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 15 Dec 1999

5. FEI Number

65-0974185

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

jc 7/17