

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S14348**

1. Corporation Name

TRANS CONTINENTAL PROPERTY SERVICES INC.

Principal Place of Business

Mailing Address

2135 GUNN ROAD
KISSIMMEE FL 34746
US

2135 GUNN ROAD
KISSIMMEE FL 34746
US

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. Date Incorporated or Qualified
To Do Business in Florida

11/26/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3045913

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DELANEY, JAMES T.	2135 GUNN ROAD	KISSIMMEE FL 34746
VST	DELANEY, LINDA KAREN	2135 GUNN ROAD	KISSIMMEE FL 34746

400004686244--3
-11/16/01--01105--022
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED
LINDA KAREN DELANEY

Date

Daytime Phone #

10-17-01

(407) 932-3945

2022

Linda K. Delaney,
2135 Gunn Road,
Kissimmee,
Florida 34746.
(407) 932-3995.

10-17-01

Re: Trans Continental Property Services, Inc. ~ Reinstatement.

To whom it may concern,

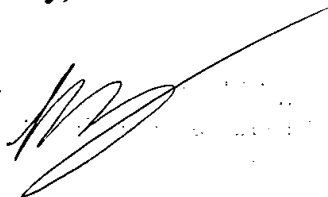
In reference to our telephone conversation today, please find a check enclosed for \$150.00, being the full amount to reinstate Trans Continental Property Services Inc.

As I explained on the phone, I had previously sent a check, number 5024, to reinstate the Corporation, on 03-10-01.

I did not know the Corporation had not been reinstated until I recently received your reminder.

Thank you for your understanding in this matter.

Yours Sincerely,



L.K.Delaney, VST.