

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 23 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S 43970

1. Corporation Name

TRANS-SEAS CORP

2. Principal Office Address

1507 N.W. 82<sup>ND</sup> AVE

Suite, Apt. #, etc.

City & State

Miami - FL

Zip

33126

Country

U.S.A.

3. Mailing Office Address

1507 N.W. 82<sup>ND</sup> AVE

Suite, Apt. #, etc.

City & State

Miami - FL

Zip

33126

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/1991

5. FEI Number

65-0280380

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

RAFAEL VILASECA

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

1507 N.W. 82<sup>ND</sup> AVE SUITE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

700003321407-6  
-07/12/00--01076-018  
\*\*\*\*\*999.00 \*\*\*\*\*900.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 6/21/2000

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	RAFAEL VILASECA	1507 N.W. 82 <sup>ND</sup> AVE	Miami - FL - 33126

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]*

RAFAEL VILASECA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/2000

Date

305 597 4400

Daytime Phone #

CR2E081 (9/99)