

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V62759

1. Corporation Name

TRANSMILLENNIAL RESOURCE CORPORATION

Principal Place of Business

8488 W. HILLSBOROUGH AVENUE
#201
TAMPA FL 33615
US

Mailing Address

8488 W. HILLSBOROUGH AVENUE
#201
TAMPA FL 33615
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1992

5. FEI Number

59-3162684

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	BROES, CHARLES	4914 E. LONGBOAT KEY	TAMPA FL 33615
P	TUTHILL, STEVE	5328 MARINA PACIFICA	LONG BEACH CA
D	LURIE, LAURENCE	917 RIVERBEND BLVD.	LONGWOOD FL 32779
D	PION, RON	2936 BOTTLE BRUSH	LOS ANGELES CA
100002360541--2 -12/02/97--01043--023 ***750.00 ***750.00			

8. Name and Address of Current Registered Agent

BROES, CHARLES
4914 E. LONGBOAT BLVD.
TAMPA FL 33615

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

Charles Broes

REGISTERED AGENT MUST SIGN

Date 11/24/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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:

Charles Broes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/97

Date

813-855-7177

Daytime Phone #

FILED

97 NOV 26 PM 4:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

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