

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 487566

**FILED**  
**Jun 14, 2013**  
**Secretary of State**

**Entity Name:** LARKIN CONTRACTING, INC.

**Current Principal Place of Business:**

6001 N 50TH STREET  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

6001 N 50TH STREET  
TAMPA, FL 33610

**New Mailing Address:**

333 THORNALL STREET  
6TH FLOOR, C/O COHNREZNICK LLP  
EDISON, NJ 08837 US

**FEI Number:** 59-1657922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

GALE PORTER INC.  
12962 DALE MABRY HWY N  
TAMPA, FL 33618 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** GALE PORTER

06/14/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PCD  
**Name:** KONICOV, HOWARD L  
**Address:** C/O COHNREZNICK, 333 THORNALL ST, 6TH FL  
**City-St-Zip:** EDISON, NJ 08837 US

**Title:** CEO  
**Name:** KONICOV, HOWARD L  
**Address:** C/O COHNREZNICK, 333 THORNALL ST, 6TH FL  
**City-St-Zip:** EDISON, NJ 08837 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** HOWARD L. KONICOV

PCD

06/14/2013

Electronic Signature of Signing Officer or Director

Date