PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN -9 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K53548

1. Corporation Name

TGO CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
135 PLANTATION DRIVE TITUSVILLE FL 32780	P O BOX 5767 COCOA FL 32924-3767

REINSTATEMENT 0203

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
125 Plantation Dr	PO Box 3767
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Titusville FL	City & State: Cocoa FL 32924
Zip: 32780 Country: USA	Zip: 32924 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/23/1988

5. FEI Number: 59-2923001 ☐ 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	4 City / State / Zip
V	MCDANIEL, LARRY	~~135~~ 125 PLANTATION DR.	TITUSVILLE FL 32780
VSTD	HANSEL, LYNN	~~135~~ 125 PLANTATION DR.	TITUSVILLE FL 32780
PD	SWANN, JIM	~~135~~ 125 PLANTATION DR	TITUSVILLE FL 32780

200003634602
01/16/03--01064--010 **150.00

200003634602
12/23/02--01042--017 **750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KIRSCHENBAUM, MALCOLM R 516 DELANNOY AVE COCOA FL 32922	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 12/10/02

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12/19/02

Daytime Phone #