FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004884

1. Corporation Name
W.C. Roese Contracting, Inc.

2. Principal Office Address	3. Mailing Office Address
10200 US Highway 92 E	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33610 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/21/94

5. FEI Number: 38-3185732 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ben Roese

Street Address (P.O. Box Number is Not Acceptable): 2189 S. Cleveland, Suite 208

Suite, Apt. #, Etc.:

City: Clearwater | State: FL | Zip Code: 33765

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: Ben Roese Date: 1/17/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	William C. Roese	4285 2 Mile Road	Bay City, MI 48706
VP	Ben Roese	2189 S. Cleveland, Suite 208	Clearwater, FL 33765

REINSTATEMENT 02-03

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: Ben Roese 1/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : PIPER MARBURY RUDNICK & WOLFE
Account Number : 076424002364
Phone : (813)229-2111
Fax Number : (813)229-1447

CORPORATION REINSTATEMENT

W. C. ROESE CONTRACTING, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75