

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # F97000000903  
1. Corporation Name KRINGS TRENCH SHORING, INC.

Principal Place of Business Mailing Address  
3521-UNIVERSITY-DRIVE  
DURHAM-27707

REINSTATEMENT 98-99

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

2. New Principal Office Address, if Applicable  
4106 COLVILLE DRIVE  
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable  
4106 COLVILLE DRIVE  
Suite, Apt. #, etc.

City & State DURHAM, NC  
Zip 27707 Country

4. Date Incorporated or Qualified To Do Business in Florida 02/19/97

5. FFI Number 56-1779659

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
P/D	DAVID ROSENTHAL	4106 COLVILLE DRIVE	DURHAM, NC 27707
S/D	CHRIS ROSENTHAL	4106 COLVILLE DRIVE	DURHAM, NC 27707
D	JOSEPH LIBERA	209 S. WILLIAMSON STREET	ELON COLLEGE, NC 27244
GEN. MGR.	RON RHOADS	4060 NW 106th DRIVE	CORAL SPRINGS, FL 33065

8. Name and Address of Current Registered Agent  
MANUEL FARACE, ESQ.  
c/o BRACKETT, SNED, ET AL  
218 DATURA STREET, 3RD FLOOR  
WEST PALM BEACH, FL 33401

9. Name and Address of New Registered Agent  
Name EDWIN C. LUNSFORD, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
515 NORTH FLAGLER DRIVE, 19th FLOOR  
Suite, Apt. #, Etc. SUITE 1900  
City WEST PALM BEACH State FL Zip 33401

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent  Date 8/30/99

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for instructions 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 in 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)(a), F.S. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  DAVID M. ROSENTHAL 9/1/99 919-596-5005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Under Seal

Edwin C. Lunsford, Esq. 515 N. FLAGLER DR. SUITE 1900  
WEST PALM BEACH, FL 33401

GJH K563-  
31723

**Florida Department of State**  
Division of Corporations  
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Katherine Harris, Secretary of State

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To: Division of Corporations  
Fax Number : (850) 922-4004

From: Account Name : BOOSE, CASEY, CIKLIN, ET AL  
Account Number : 076376001447  
Phone : (561) 832-5900  
Fax Number : (561) 820-0389

**CORPORATION REINSTATEMENT**

**KRINGS TRENCH SHORING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$900.00