Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 FEB 14 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002030

1. Corporation Name -- Tilt-Up Construction, Inc.

800003783938--0
-02/27/01--01144--005
****300.00 ****300.00

2. Principal Office Address	3. Mailing Office Address
5213 Camden Lake Pkwy	P.O. Box 801089
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Acworth, GA	City & State: Acworth, GA
Zip: 30101 Country: USA	Zip: 30101 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1999

5. FEI Number: 58-2458272 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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 _____ Date 02/05/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
Pres.	Michael Berguin	5213 Camden Lake Pkwy	Acworth GA 30101

00-01 178

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: Barbara Bush, Controller 1/23/01 770-975-5809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TILT-UP CONSTRUCTION, INC.
TUCI

January 31, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement

To Whom It May Concern:

Per your office, I am requesting that the fees required for reinstatement be waived under special circumstances. The notices sent to us were never received, due to the post office returning them to you with the incorrect address applied. We have enclosed a completed Reinstatement form with the filing fees for 2000 ($150.00) and 2001 ($150.00).

Again, please consider waiving the reinstatement fees, and accept the Reinstatement enclosed.

Sincerely,

Michael Berguin
President, TUCI

P.O. Box 801089
~~4601 Cantle Court~~ Acworth, Ga. 30101
Phone: 770-975-5809 Fax: 770-966-0742
tiltguy@aol.com