PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L40132

1. Corporation Name

WALBRIDGE CONTRACTING, INC.

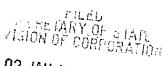
Principal Place of Business

Mailing Address

410 WARE BLVD. SUITE 900

410 WARE BLVD.. SUITE-900

TAMPA FL 33619



02 JAN 14 PM 1:36

If above addresses are incorrect in any way, line through incorrect information and enter correction below.						EINSTATEMENT 01-07		
9942 Currie Davis Drive 9942 C Suite, Apt. #, etc. Suite, Apt. #, Suite H Suite City & State City & State			Currie Davis Drive etc. H Florida		-5. FEI Number		O1/04/1990 Applied For Not Applicable \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors 2			rida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director		City / State / Zip			
D	RAKOLTA, JOHN R.	613 ABBOTT ST			DETROIT MI			
v .	MARSHALL, RICHARD	410 WARE BLVD SUITE #900 9942 Currie Davis Drive Ste H			TAMPA FL 33619			
PĐ-	EMPRIC, THOMAS W	410 WARD BLVD / STE - 900			TAMPA FL			
PD	Hausmann, Ronald I, 1	613 Abbott Street		Detroit, MI 1000475 -01/24/02	48226 340828 01038007			
· · · · · · · · · · · · · · · · · · ·						***************************************	00 ****900.00	
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM - 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
10. I, being	g appointed the registered agent of the abo	ve named corpo	oration, am familiar wi	City th and accept the o	bligations of Sect		State Zip Code	

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.

Asst. Secretary

SIGNATURE:

Signature of Registered Age

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

Date

Ronald L. Hausmann, P.E. 10-23-01 (313) 442-1350

Daytime Phone #

CR2E040 (8/01)