

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 14 PM 1:36

DOCUMENT # **L40132**

1. Corporation Name

WALBRIDGE CONTRACTING, INC.

Principal Place of Business

Mailing Address

~~410 WARE BLVD. SUITE 900~~
~~TAMPA FL 33619~~

~~410 WARE BLVD. SUITE 900~~
~~TAMPA FL 33619~~



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

REINSTATEMENT 01-02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0160996

Applied For

Not Applicable

City & State

City & State

Tampa, Florida

Tampa, Florida

Zip
33619

Country
Hillsborough

Zip
33619

Country
Hillsborough

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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
PD	EMPRIC, THOMAS W	410 WARE BLVD / STE - 900	TAMPA FL
PD	Hausmann, Ronald L., P.E.	613 Abbott Street	Detroit, MI 48226
			2000004794082--8 -01/24/02--01038--007 ****200.00 ****200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Jennifer L. Gollbach
Asst. Secretary

Date 12/27/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #

CR20040 (8/01)