

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR -6 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94792

1. Corporation Name

WELBRO Design and Construction, Inc.

2. Principal Office Address

800 Trafalgar Ct.

3. Mailing Office Address

800 Trafalgar Ct.

Suite, Apt. #, etc.

Suite:200

Suite, Apt. #, etc.

Suite: 200

City & State

Maitland, FL

City & State

Maitlnad, FL

Zip

32751

Country

Orange

Zip

32751

Country

Ornage

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/21/90

5. FEI Number

59-3024572

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

9800

7. Name and Address of Current Registered Agent

Name

Gary E. Brown

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

800 Trafalgar Court

Suite, Apt. #, Etc.

Suite:200

City

Maitland

State

FL

Zip Code

32751

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

Gary E. Brown

REGISTERED AGENT-MUST-SIGN

Date

3/2/00

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
CD	Gary E. Brown	800 Trafalgar Ct., Ste:200 Maitland, FL 32751	
PD	Steven S. Davis	800 Trafalgar Ct., Ste:200 Maitland, FL 32751	
ST	Timothy G. Pipkorn	800 Trafalgar Ct., Ste: 200 Maitland, FL 32751	

LS

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00
Date

(407) 475-0800
Daytime Phone #