PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
17 MAR -8 PM 4:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P04000010273

1. Corporation Name

TRUE LINE CONTRACTING & REMODELING SERVICES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
442 Ashley Brooke Ct.	442 Ashley Brooke Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka, FL	City & State: Apopka, FL
Zip: 32712 Country: USA	Zip: 32712 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: Jan 13, 2004

5. FEI Number: 20-0603088 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Scott R. Lilly, Esquire
Street Address (P.O. Box Number Is Not Acceptable): 400 N. Tampa Street
Suite, Apt. #, Etc.: Suit 1100
City: Tampa State: FL Zip Code: 33602

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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: Scott R. Lilly, Esquire Date: March 2, 2017
REGISTERED AGENT MUST SIGN

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
P	Marco Genio, President	120, Joseph Carrier Suite 102	Vaudreuil-Dorion Quebec J7V 5V5
		reinstatement 16-17	
			dcc

10. E-mail Address: mgenio75@yahoo.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Marco Genio, President March 2, 2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

MAR 08 2017

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ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL