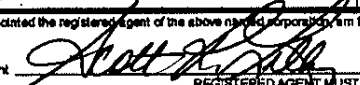
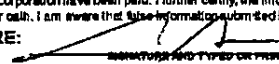




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000010273			
1. Corporation Name TRUE LINE CONTRACTING & REMODELING SERVICES, INC.			
2. Principal Office Address - No P.O. Box # 442 Ashley Brooke Ct. Suite, Apt. #, etc.		3. Mailing Office Address 442 Ashley Brooke Ct. 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. FBI Number 20-0603088		Applied For N/A	
6. CERTIFICATE OF STATUS DESIRED			
7. Name and Address of Current Registered Agent Name Scott R. Lily, Esquire Street Address (P.O. Box Number is Not Acceptable) 400 N. Tampa Street Suite, Apt. #, Etc. Suite 1100 City Tampa State FL Zip Code 33602			
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. Lily, 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
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 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	

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SECRETARY OF STATE
TALLAHASSEE, FL

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ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL