

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

|   |  |
|---|--|
| DOCUMENT # P05000093571                               |  |
| 1. Entity Name<br>CSC ENGINEERING & CONSTRUCTION INC. |  |



FILED

08 NOV 10 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |   |
|--|---|
| Principal Place of Business<br>11750 U.S. HWY. 301 NORTH<br>THONOTOSASSA, FL 33592 | Mailing Address<br>P.O BOX 16475<br>TAMPA, FL 33687 |
|--|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

11042008 REIN-P CR2E098 (1/07)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-3102145 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>STRICKLAND, RICKY W PRES<br>11750 U.S. HWY. 301<br>THONOTOSASSA, FL 33592 |  |
|--|--|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|   |               |
|---|---------------|
| SIGNATURE: <i>Ricky Strickland, President</i> | DATE: 11/2/08 |
|---|---------------|

(NOTE: Registered Agent signature required when reinstating)

|  |  |
|--|--|
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2009, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|--|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>STRICKLAND, RICKY W<br>11750 U.S. HWY 301 N.<br>THONOTOSASSA, FL 33592 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>COATS, MICHAEL K<br>11750 U.S. HWY 301 N.<br>THONOTOSASSA, FL 33592 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>COATS, MARK A<br>11750 U.S. HWY 301 N.<br>THONOTOSASSA, FL 33592 <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>400137787054<br>11/10/08--01041--004 **150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

REINSTATEMENT

*[Signature]*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

|                                    |               |                             |
|------------------------------------|---------------|-----------------------------|
| SIGNATURE: <i>Ricky Strickland</i> | DATE: 11/2/08 | DAYTIME PHONE: 813-917-9441 |
|------------------------------------|---------------|-----------------------------|