

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2011 APR 12 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000049321

1. Corporation Name

Construct Corps, Inc.

**REINSTATEMENT 2008-11**

000 20135 2400

04/12/11--01005--011 \*\*1200.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

5301 W. Cypress St.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Ste 105

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33607

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 04/04/2006

5. FEI Number

16-1756246

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Scott Tashkin

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

5301 W. Cypress St.

Suite, Apt. #, Etc.

Ste 105

City

Tampa

State

FL

Zip Code

33607

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

Date 04/07/2011

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	Scott Tashkin	5301 W. Cypress St. Ste 105	Tampa, FL 33607
VP	Corey Tashkin	5301 W. Cypress St. Ste 105	Tampa, FL 33607

10. E-mail Address: tmousseau@constructcorps.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-7-11

Daytime Phone #

APR 11