

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 DEC -8 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000138687730
12/08/08--01040--015 **300.00
CR2E081 (1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000060673
1. Corporation Name
THUNDER RPS CONSTRUCTION SERVICES, INC.

2. Principal Office Address - No P.O. Box # 1596 NE 51st Court		3. Mailing Office Address 1905 Brookside DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State Kingsport, TN	
Zip 33064	Country USA	Zip 37660	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **04/28/2006**

5. FEI Number **20-4779653** 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 **TAX HOUSE CORP.**

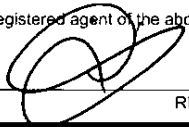
Street Address (P.O. Box Number is Not Acceptable)
1100 S Federal Hwy - Second Floor

Suite, Apt. #, Etc.

City **Deerfield Beach** State **FL** Zip Code **33441**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **12/05/2008**

REGISTERED AGENT MUST SIGN

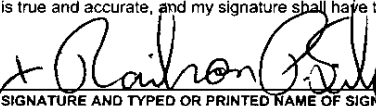
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	RAILSON P SILVA	1905 Brookside DR	Kingsport, TN 37660

REINSTATEMENT

RH

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 contained in Chapter 119, 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:  Railson P Silva Date **12/05/2008** Daytime Phone # **954-301-1710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR