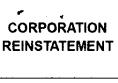
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	\/
NTOT	-10
7 308. 75	
	1
Applied For	
nal Fee required ate of Status	
except in	
t receive box, you rere not	11
atement	
<u> </u>	
- ,	
37	
12/2	
when filing	





	RPORATION STATEMENT		;	DEPARTMEN Secretary of S ISION OF CORPOR	tate		FILED		
1. Corpora	JMENT #	•		15182	_		JAN 25 PM 1: 38 CRETAKY OF STATE LAHASSEE, FLORINY		
TROY FLICK CONSTRUCTION INC.						REINSTATEMENTO?			
2. Principa 52 Suite, Apt. #		P.O. Box #	529	· · · · · · · · · · · · · · · · · · ·	n ct.	7 01/2	00167109917 5/1001050009 **608.7 CR2E081 (11/09)	75	
City & State			Suite, Apt. #,	elc.			porated or Qualified iness in Florida		
Nor	th Port	FL	NOR.	th port		5. FEI Numbe 20~8 6.	3108622 Not Appl	icable	
342		RASOTA	3428		RASOTA	CERTIFICATE	E OF STATUS DESIRED	tatus	
Name and Address of Current Regin Name TROY D. Flick Street Address (P.O. Box Number is Not Acceptable) 5293 EDEN CT. Suite, Apt. #, Etc.				The recipion of the present of the p			instatement fee is imposed, except stances which the entity did not rece or notices. By checking this box, yortifying the prior notices were red and requesting the reinstateme waived.	ive /ou not	
Signature of		ed agent of the abo	ve named corpo	oration, am familiar v		oligations of section	on 607.0505 or 617.0503. F.S.		
Registered i				ENT MUST SIGN			Date / / ZO/O		
9. Names	and Street Addresses	Name of	I/or Director (Flo	T	rations must list at lea				
		rs and/or Directors			fficer and/or Director	1	City / State / Zip		
P	IROY	D. +1	ick	5293	EDEN	Ct.	NORTH FORT FL. 34287		
							34201		
									
							1		
							x1/20	0	
10. E-mail Address: TROY FLICKCONSTRUCTION INCE YAHOO, COM									
1. 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 filting 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. 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 un SIGNAT		SIGNATURE AND Y	YPED OR PRINTE	TILLE ED NAME OF SIGNING	OFFICER OR DIRECTO	1-19	-2010 (219) 808-94 (79	