

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000001955

1. Corporation Name
T.P.S. CONSTRUCTION GROUP, INC.

Principal Place of Business
12355 SW 132 COURT
MIAMI FL 33186

Mailing Address
12355 SW 132 COURT
MIAMI FL 33186

FILED
97 AUG -4 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable 12355 SW 132 CT Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 12355 SW 132 CT Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 11/04/1992
City & State MIAMI, FL	City & State MIAMI, FL	5. FEI Number 65-0366355
Zip 33186	Country DADE	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MINIEA, STEPHEN H	12355 SW 132 COURT 12355	MIAMI FL 33186
STD	MINIEA, STEPHEN	12355 SW 132 COURT 12355	MIAMI FL 33186
			7000002262297--4 -08/08/97--01131--006 ****923.75 ****923.75

8. Name and Address of Current Registered Agent MINIEA, STEPHEN H 12355 SW 132 CT MIAMI FL 33186	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12355 SW 132 CT Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33186
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 7/30/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: 7/30/97 Date 305-255-2887 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)