PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 FEB 11 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000004480

1. Corporation Name

SEMINOLE ENGINEERING CONTRACTORS, INC

REINSTATEMENT 02-16-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1901 NE 4th St	1901 NE 4th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH, FL	City & State: POMPANO BEACH, FL
Zip: 33060 Country: USA	Zip: 33060 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/6/1992

5. FEI Number: 650374530 ☐ 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: MICHAEL W THOMAS

Street Address (P.O. Box Number is Not Acceptable): 9051 NW 45 ST

Suite, Apt. #, Etc.:

City: Sunrise State: FL Zip Code: 33351

☒ 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: Michael W. Thomas Pres Date: 2/11/2009

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
PST	Michael W Thomas	1701 N.E 4 St	Pompano Beach FL 33060

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10. I certify that I am an officer or director of 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 exempt on 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: Michael W. Thomas Pres Date: 2/4/08 - 2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL W. THOMAS, PRESIDENT

B. Mitchell FEB 11 2009