

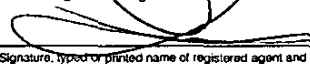
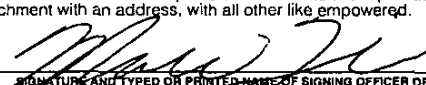


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000056617					
1. Entity Name CORESLAB STRUCTURES (TAMPA) INC.					
Principal Place of Business 6301 N. 56TH ST. TAMPA, FL 33610 US			Mailing Address 332 JONES ROAD UNIT 1 STONE CREEK ONTARIO CANADA L8E 5N2, XX		
2. Principal Place of Business		3. Mailing Address		 09282005 REIN-P CR2E098 (6/04)	
Suite, Apt. #, etc.		6301 N. 56th St.			
City & State		City & State			
Zip		Zip			
Country		Country		4. FEI Number 59-3199150	
33610		US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
CT CORPORATION-SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
PETER F. SOUZA ASSISTANT SECRETARY					
SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIOSA, LUIGI			NAME	
STREET ADDRESS	332 JONES RD UNIT 1			STREET ADDRESS	
CITY-ST-ZIP	STONE CREEK ONTARIO CANADA, l8e 5n2			CITY-ST-ZIP	000060205800 10/04/05--01027--006 **750.00
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIOSA, MARIO			NAME	
STREET ADDRESS	332 JONES RD UNIT 1			STREET ADDRESS	
CITY-ST-ZIP	STONE CREEK ONTARIO CANADA, l8e 5n2			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIOSA, DOMINIC			NAME	
STREET ADDRESS	332 JONES RD UNIT 1			STREET ADDRESS	
CITY-ST-ZIP	STONE CREEK ONTARIO CANADA, l8e 5n2			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIEGEL, SIDNEY			NAME	
STREET ADDRESS	332 JONES RD UNIT 1			STREET ADDRESS	
CITY-ST-ZIP	STONE CREEK ONTARIO CANADA, l8e 5n2			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIEGEL, ROBERT			NAME	
STREET ADDRESS	332 JONES RD UNIT 1			STREET ADDRESS	
CITY-ST-ZIP	STONE CREEK ONTARIO CANADA, l8e 5n2			CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Quinlan			NAME	
STREET ADDRESS	6301 N. 56th Street			STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33610			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:				Date	
		Michael Quinlan Vice President / General Manager		9/28/05 813-626-1111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	