



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 6301 N. 56th St.		 09282005 REIN-P CR2E098 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tampa, FL			
Zip	Country	Zip 33610	Country US		
4. FEI Number 59-3199150				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 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
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. <div style="text-align: center;"> PETER F. SOUZA ASSISTANT SECRETARY </div> SIGNATURE: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIOSA, LUIGI 332 JONES RD UNIT 1 STONE CREEK ONTARIO CANADA, l8e 5n2	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000060205800 10/04/05--01027--006 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIOSA, MARIO 332 JONES RD UNIT 1 STONE CREEK ONTARIO CANADA, l8e 5n2	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIOSA, DOMINIC 332 JONES RD UNIT 1 STONE CREEK ONTARIO CANADA, l8e 5n2	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIEGEL, SIDNEY 332 JONES RD UNIT 1 STONE CREEK ONTARIO CANADA, l8e 5n2	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIEGEL, ROBERT 332 JONES RD UNIT 1 STONE CREEK ONTARIO CANADA, l8e 5n2	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Michael Quinlan 6301 N. 56th Street Tampa, FL 33610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 9/28/05 813-626-1111 <small>Date Daytime Phone #</small>	
Michael Quinlan Vice President / General Manager					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA