

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 AUG 19 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044081

1. Corporation Name

A F Services of Tampa, Inc.

2. Principal Office Address - No P.O. Box #

6914 East Fowler Avenue

Suite, Apt. #, etc.

Suite E

City & State

Tampa Florida

Zip

33617

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

same

REINSTATEMENT 01-08

4. Date Incorporated or Qualified  
To Do Business in Florida

6/9/94

5. FEI Number

042-79-7185

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

Gregory G. Aghoian

Street Address (P.O. Box Number is Not Acceptable)

135089 Cypress Palms Lane

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

☒ 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

REGISTERED AGENT MUST SIGN

Date 8/18/08

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
Pres	Gregory G. Aghoian	135089 Cypress Palms Lane	Tampa, FL 33647

10. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/08


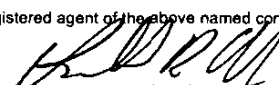
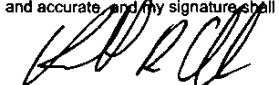
Date

813-983-9898

Daytime Phone #

Q1345491

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  08 AUG 19 PM 12:01  SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
<b>DOCUMENT #</b> F05-6601 <b>1. Corporation Name</b> Secof Construction Company, Inc.																																	
<b>2. Principal Office Address - No P.O. Box #</b> 1202 N. Lake Park Blvd Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1202 N. Lake Park Blvd Suite, Apt. #, etc.		800134334148 08/11/08--01057--009 **458.75 <b>REINSTATEMENT 06-08</b> Wor																													
<b>City &amp; State</b> Carolina Beach, NC		<b>City &amp; State</b> Carolina Beach, NC																															
<b>Zip</b> 28428	<b>Country</b> USA	<b>Zip</b> 28428	<b>Country</b> USA																														
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/07/2005		<b>5. FEI Number</b> 262226063																															
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>				<input checked="" type="checkbox"/> 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.																													
<b>7. Name and Address of Current Registered Agent</b> <b>Name</b> Kenneth R. Coffey <b>Street Address (P.O. Box Number is Not Acceptable)</b> 152 Severino Drive <b>Suite, Apt. #, Etc.</b>  <b>City</b> Islamorada <b>State</b> FL <b>Zip Code</b> 33036																																	
<b>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.</b> <b>Signature of Registered Agent</b>  <b>Date</b> 8/4/08 REGISTERED AGENT MUST SIGN																																	
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Titles as per Stephanie mebane 8/19/08.