APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 27 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900008171499--1
-10/03/02--01021--003
****300.00 ****300.00

DOCUMENT # P95000027609

1. Corporation Name
TORBUK CONST. INC.

2. Principal Office Address	3. Mailing Office Address
5364 Ehrlich Rd	5364 Ehrlich Rd #
Suite, Apt. #, etc. # 152	Suite, Apt. #, etc. # 152
City & State TAMPA FLA	City & State TAMPA FLA
Zip 33624 Country Hillsborough	Zip 33624 Country Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida 4/3/95

5. FEI Number 59-3305118 ☐ 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: GEORGE V. WEST
Street Address (P.O. Box Number is Not Acceptable): 5364 Ehrlich Rd
Suite, Apt. #, Etc.: # 152
City: TAMPA State: FL Zip Code: 33624

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 _____ Date 9-26-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	GEORGE V. WEST	5364 Ehrlich Rd # 152	TAMPA, FLA 33624

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 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: _____ GEORGE V. WEST 9-26-02 813-505-5443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To Whom IT MAY CONCERN,
I NEVER RECEIVED NOTICE'S OR BILLS FOR 2001, 2002
CORPORATION FEE'S, I THINK DUE TO MY
DIVORCE 3 YEAR AGO, WHEN I MOVED FROM
PREVIOUS ADDRESS. My Ex THROW'S AWAY ANY
+ ALL MAIL SENT THERE TO ME.
My NEW + CURRENT ADDRESS IS

GEORGE WEST
5364 Cheriot Rd SUITE 152
TAMPA, FLA 33624

THANK YOU.

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Forbeck Const. Inc.

Signature

Requested by:

SR 9/27/02 10:13
Name Date Time

Walk-In _____ Will Pick Up _____

174 Ponder's Printing - Thomasville, GA 8/00

_____ Art of Inc. File_____
_____ LTD Partnership File_____
_____ Foreign Corp. File_____
_____ L.C. File_____
_____ Fictitious Name File_____
_____ Trade/Service Mark_____
_____ Merger File_____
_____ Art. of Amend. File_____
_____ RA Resignation_____
_____ Dissolution / Withdrawal_____
✓ Annual Report / Reinstatement_____
_____ Cert. Copy_____
_____ Photo Copy_____
_____ Certificate of Good Standing_____
_____ Certificate of Status_____
_____ Certificate of Fictitious Name_____
_____ Corp Record Search_____
_____ Officer Search_____
_____ Fictitious Search_____
_____ Fictitious Owner Search_____
_____ Vehicle Search_____
_____ Driving Record_____
_____ UCC 1 or 3 File_____
_____ UCC 11 Search_____
_____ UCC 11 Retrieval_____
_____ Courier_____