

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95060034194

1. Corporation Name

Trimco Construction Corp.

2. Principal Office Address

1064 NW 53 St.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33309

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4/27/1995

5. FEI Number

65-0577416

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 A. McCarty

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

4224 NW 67 Way

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

Feb 6, 2000

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

P

Michael A. McCarty

4224 NW 67 Way

Coral Springs, FL 33067

S

Patricia L. McCarty

4224 NW 67 Way

Coral Springs, FL 33067

LS

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 6, 2000

Date

954-255-2676

Daytime Phone #

CR2E081 (9/99)