

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 JUL 18 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000036683

1. Corporation Name

T.C.B. Construction Service, Inc

500006663185--9

-07/25/02--01048--011

***300.00 ***300.00

2. Principal Office Address

1413 Silverthorn DR

Suite, Apt. #, etc.

3. Mailing Office Address

1413 Silverthorn DR

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32825

Country

ORANGE

Zip

32825

Country

ORANGE

Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3438290

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

Karen Langston

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

1413 Silverthorn DR

Suite, Apt. #, Etc.

City

Orlando FL

State

FL

Zip Code

32825

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

Karen Langston

Date 7-16-02

REGISTERED AGENT MUST SIGN

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
<u>P/O</u>	<u>Karen Langston</u>	<u>1413 Silverthorn DR</u>	<u>Orlando, FL 32825</u>

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: Karen Langston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN LANGSTON

Date

7-16-02

Daytime Phone #

467 -

273-1588

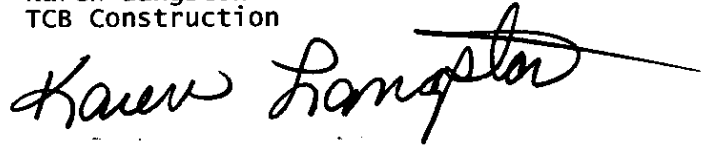
CR2E081 (9/01)

Florida Department of State

To Whom It May Concern:

I would like to inform you that I did not receive the forms for reinstating my corporation due to the change of my address. I received a copy over the internet, which is the one I am sending you now. Just for your records, will you please make a note of my new address so that this confusion does not happen again. Thank You.

Karen Langston
TCB Construction

A handwritten signature in black ink that reads "Karen Langston". The signature is written in a cursive style with a long horizontal line extending from the end of the name.