


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 NOV -9 PM 3:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA 600061629236 11/22/05--01066--014 **8.75 600061629236 11/22/05--01066--013 **900.00	
DOCUMENT # P97000036683 1. Corporation Name TCB Construction Services, Inc.					
2. Principal Office Address 1413 Silverthorn Dr. State, Apt. #, etc.		3. Mailing Office Address ← same State, Apt. #, etc.		REINSTATEMENT 04-05 (CR205 (a)(5))	
City & State Orlando, FL		City & State			
Zip 32826	Country USA	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida 4/23/97		5. FEI Number 593438290			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status				Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent					
Name Karen Langston					
Street Address (P.O. Box Number is Not Acceptable) 1413 Silverthorn Drive					
Suite, Apt. #, Etc.					
City Orlando				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 <i>Karen Langston</i>				Date 11-8-05	
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		
PO	Karen Langston	1413 Silverthorn Dr.	Orlando, FL 32825		
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: <i>Karen Langston</i>				Date 11-8-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 407-273-1588 321-287-5093	