

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 26 PM 4: 28

DOCUMENT # **P98000023791**

1. Corporation Name

J. TRUBENBACH CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

36432 GRASSY HILL LANE
EUSTIS FL 32726

36432 GRASSY HILL LANE
EUSTIS FL 32726



REINSTATEMENT **B** **01**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-7123621

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	TRUBENBACH, JOHN	36432 GRASSY HILL LN	EUSTIS FL 32726
VP	LINK, JAMES	1000 WINTERLY DRIVE	LONGWOOD FL 32760
D	NICHOLS, GEORGE	WATERBURY PLACE	PALEMBURG FL 32562
			700004714007--7
			-12/07/01--01027--026
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRUBENBACH, JOHN
36432 GRASSY HILL LANE
EUSTIS FL 32726

Name **John E Trubenbach**
Street Address (P.O. Box Number is Not Acceptable)
36432 Grassyhill Ln
Suite, Apt. #, Etc.
City **Eustis** State **FL** Zip Code **32736**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **11/15/01**

11. 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

Date

11/15/01 352-589-2024
Daytime Phone #