

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 23 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Katherine Hams**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**P98000072546

**1. Corporation Name**

Transpower Construction Services, Inc.

**2. Principal Office Address**

3731 SW Wildcat Run Rd.

Suite, Apt. #, etc.

City & State

Arcadia FL

Zip

34266

Country

US

**3. Mailing Office Address**

3731 SW Wildcat Run Rd.

Suite, Apt. #, etc.

City & State

Arcadia FL

Zip

34266

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

August 17, 1998

**5. FEI Number**

30-0000296

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

Douglas M. Page

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

3731 SW Wildcat Run Rd.

Suite, Apt. #, Etc.

City

Arcadia

State

FL

Zip Code

34266

**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, VS.**

Signature of  
Registered Agent

*Douglas M. Page*  
REGISTERED AGENT MUST SIGN

Date

3/12/02

**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.	Douglas M Page	3731 SW Wildcat Run Rd.	Arcadia, FL 34266
Dir.	Douglas M Page	3731 SW Wildcat Run Rd.	Arcadia, FL 34266

**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 T, 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:**

*Douglas M. Page*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/02

863-993-2551

Daytime Phone #