

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S40632

1. Corporation Name

TREBOR GENERAL CONTRACTOR, INC.

Principal Place of Business

8790 SW 132 ST
MIAMI FL 33176

Mailing Address

8790 SW 132 ST
MIAMI FL 33176

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1991

5. FEI Number

65-0276150

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ORANSKY, ROBERT	10090 SW 143 ST	MIAMI FL 33176
P	ORANSKY, FERN	10090 SW 143 STREET	MIAMI FL

100008645521
10/29/02--01043--004 **150.00

8. Name and Address of Current Registered Agent

ORANSKY, ROBERT
8790 SW 143 ST
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Robert Oransky
REGISTERED AGENT MUST SIGN

Date

10/21/02

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)(l), 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:

Robert Oransky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02 305-254-9222

CR2E040 (8/02)



2052

Trebor Investment Corporation
8790 SW 132nd Street
Miami, Florida 33176
(305) 254-9222 office (305) 259-2933 fax

MEMO

October 26, 2002

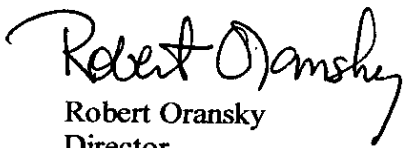
Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

RE: Reinstatement

To Whom It May Concern:

Please be advised that we have not received any prior UBR notices and would appreciate the opportunity for reinstatement without penalty.

Sincerely,


Robert Oransky
Director