

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 AM 11:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V04021

1. Corporation Name

TRUE LINE CORING & CUTTING OF TAMPA, INC.

Principal Place of Business

6014 W WATERS AVE
TAMPA FL 33634-1123
US

Mailing Address

7240 CENTRAL
KANSAS CITY MO 64114
US



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/31/1991	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3098370	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

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
VP	NARTKER, THOMAS A	6430 NEAL ROAD	FORT MYERS FL 33905
P	ALEXANDER, JAMES M	6014 W. WATERS AVE	TAMPA FL 33629
ST	WILLIAMS, DAVID	12810 KODIAK AVE	HUDSON FL 34667
VP	WILLIAMS, DAVID	12810 KODIAK AVE	HUDSON FL 34667
			300024620233 11/13/03--01011--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NARTKER, THOMAS
6430 NEAL ROAD
TAMPA FL 33634

Name
NARTKER, THOMAS
Street Address (P.O. Box Number is Not Acceptable)
6430 NEAL ROAD
Suite, Apt. #, Etc.

City
FORT MYERS

State
FL

Zip Code
33905

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

[Signature]

Date 11-7-03

REGISTERED AGENT MUST SIGN

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

11-6-2003 816 523 2131

Date

Daytime Phone #

CR2E040 (7/03)

THE CORING & CUTTING GROUP

TRUE-LINE CORING & CUTTING OF TAMPA, INC.

TRUE-LINE CORING & CUTTING OF TENNESSEE
KANSAS CONCRETE

MEMPHIS CONCRETE
CORING & CUTTING SERVICES

TRUE-LINE CORING & CUTTING OF TAMPA
K.C. CORING & CUTTING

November 6, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We are in receipt of your certificate of administrative dissolution effective September 19, 2003. Per the application for reinstatement instructions, the reinstatement fee can be waived if the corporation did not receive the two prior uniform business report notices. Please consider this letter as notification that the corporation did not receive the prior two UBR notices and requests that the reinstatement fee of \$600 be waived.

Please find enclosed our signed application for reinstatement along with \$150 payment for the applicable annual report and corporate supplemental fees.

Sincerely,



James M. Alexander
President