

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 28 PM 4:12

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # P97000048740

1. Corporation Name

Tubearoo, Inc.

200162258052
10/28/09--01029--013 **300.00

Handwritten signature

2. Principal Office Address - No P.O. Box #

10432 Balls Ford Rd

3. Mailing Office Address

10432 Balls Ford Rd

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Manassas, Virginia

City & State

Manassas, Virginia

Zip

20109

Country

USA

Zip

20109

Country

USA

CR2E081 (12/08)

REINSTATEMENT

4. Date of Incorporation or Qualified To Do Business in Florida

June 3, 1997

5. FEI Number
650941051

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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____

Date _____

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
Pres	Terry Agrivos	10432 Balls Ford Rd Suite 300	Manassas, Virginia 20109
Sec	Terry Agrivos	10432 Balls Ford Rd Suite 300	Manassas, Virginia 20109
Dir	Terry Agrivos	10432 Balls Ford Rd Suite 300	Manassas, Virginia 20109

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry Agrivos

Oct 21/09

Date

647-878-9160

Daytime Phone #