

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 585575

1. Corporation Name HOWEY FILL SERVICE, INC.

Principal Place of Business: 21501 CR 455, R.O. BOX 277, HOWEY FL 34737, US. Mailing Address: 104 E MAGNOLIA AVE, P.O. BOX 277, HOWEY FL 34737, US.



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

2. New Principal Office Address, If Applicable: 2307 Santy Williams Rd, PO Box 490971, Leesburg FL 34749, Lake. 3. New Mailing Office Address, If Applicable: PO Box 490971, Leesburg FL, Lake. 4. Date Incorporated or Qualified To Do Business in Florida: 09/06/1978. 5. FEI Number: 59-1860522. 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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Entries include Russell, William J., Peaden, Veronica C, and Peaden, Royce T.

8. Name and Address of Current Registered Agent: RUSSELL, WILLIAM J., MAGNOLIA AVENUE, HOWEY FL 34737. 9. Name and Address of New Registered Agent: Veronica Peaden, PO Box 490971, 2307 Santy Williams Rd, Leesburg FL 34749.

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: Veronica Peaden. Date: 10/29/99.

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 REQUIRED. Date: 10/29/99. Daytime Phone #: 352-728-0597.

KE