


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

02-09

REINSTATEMENT

DOCUMENT # PO1000063730

1. Corporation Name
Ross Backhoe Services, INC

2. Principal Office Address
5030 CAPRI AVE

3. Mailing Office Address
P.O. Box 1206

City & State
SARASOTA, FL

City & State
TALLAHASSEE, FL

Zip
34235 Country
USA

Zip
34270 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
6/27/01

5. FEI Number
65-1117930

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Michael E. Ross

Street Address (P.O. Box Number is Not Acceptable)
5030 CAPRI AVE

Suite, Apt. #, Etc.

City
SARASOTA, FL

State
FL

Zip Code
34235

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04/05/04--01010--017 **50.00

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 [Signature] Date 3/24/04

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
PD	Michael E. Ross	5030 CAPRI AVE	SARASOTA, FL 34235

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 under section 119.07(3)(f), 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] Date 3/23/04 Daytime Phone # 355-1799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (01/04)

Ross Backhoe Services Inc.
Michael E. Ross
5030 Capri Avenue
Sarasota, FL 34235
941-355-1799

March 23, 2004

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

To Whom It May Concern:

Enclosed please find my application for reinstatement of Ross Backhoe Services Inc. A check for \$450 and an explanation for not filing my annual corporation report.

On the current website the mailing address shows Tallahassee, FL as being the city and state for the corporation; however, it is Tallevast, FL. After speaking to an agent in your department, she informed me that, that was the way it was filed. Unfortunately, my accountant filed my corporation papers and must have made that mistake. Due to this mishap I am requesting the \$600 reinstatement fee be waived.

I would like to update the corporation information at this time. New address is 5030 Capri Avenue, Sarasota, FL34235. The Mailing address is P. O. Box 1206, Tallevast, FL 34270.

The registered agent is; Michael E. Ross at the above mentioned address.
As the officer/director of my corporation, the address needs to be updated as well.

I appreciate your help and assistance in this matter. If you have any questions please email or call me at rossbackhoe@aol.com or 941-355-1799.

Sincerely,


Michael E. Ross

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