

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000070484

1. Corporation Name

Whitman's Asphalt Maintenance & Repair, Inc.

2. Principal Office Address - No P.O. Box #
7309 44th Ave N

3. Mailing Office Address
7309 44th AVEN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg, Florida

City & State
ST. PETERSBURG FL

Zip Country
33709 US

Zip Country
33709 US

4. Date Incorporated or Qualified
To Do Business in Florida 04/29/04

5. FEI Number 20-1073954 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
Randy Whitman

Street Address (P.O. Box Number is Not Acceptable)
7309 44th Ave N

Suite, Apt. #, Etc.

City
St. Petersburg, Florida

State Zip Code
FL 33709

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 Randy Whitman
REGISTERED AGENT MUST SIGN

Date 09/26/07

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
P S T	Randy Whitman	7309 44th Ave N	St. Petersburg, Florida 33709

200110052102
09/29/07--01023--004 **300.00

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: Randy Whitman PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/26/07
Date

Daytime Phone #

727-449-9204

07 SEP 28 PM 5:06
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07
CR2E081 (1/07)