

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 23 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000117123**

1. Corporation Name

**Cheyenne Asphalt, Inc.**

2. Principal Office Address

**2072 Culbreath Rd**

Suite, Apt. #, etc.

3. Mailing Office Address

**2072 Culbreath Rd.**

Suite, Apt. #, etc.

City & State

**Brooksville, Florida**

City & State

**Brooksville**

Zip

**34602**

Country

**U.S.A.**

Zip

**FL**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1-1-02**

5. FEI Number

**59-3759317**

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

**Crystal Marshall**

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

**27430 Johnston Rd**

Suite, Apt. #, Etc.

City

**Dade City**

State

**FL**

Zip Code

**33523**

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

**Crystal Marshall**

Date

**10-17-03**

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
President	Crystal Marshall	27430 Johnston Rd	Dade City, FL 33523
Vice Pres.	Say W. Marshall	27430 Johnston Rd.	Dade City, FL 33523

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)(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:

**Crystal Marshall**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-17-03 352-544-2723**

Daytime Phone #

71 10/9

***Cheyenne Asphalt Inc.***

2072 Culbreath Rd  
Brooksville, Fl 34602

Phone # (352)544-2723  
Fax # (352)797-0476

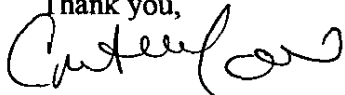
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October 3, 2003

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

Please except this payment for reinstatement, We are a new corporation and was unaware of the yearly reinstatement fee. We also did not receive any notices for this and that could have been because we had a change in address in the past year.

Thank you,



Crystal Marshall, President