

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**

00 SEP 27 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

411982  
Terra Excavating, Inc.  
13400 Pine Street S.W.  
Largo, Florida 33774

2. Principal Office Address

Terra Excavating, Inc.

3. Mailing Office Address

Terra Excavating, Inc.

Suite, Apt. #, etc.

13400 Pine St. S.W.

Suite, Apt. #, etc.

13400 Pine St. S.W.

City &amp; State

Largo, FL

City &amp; State

Largo, FL

Zip

33774

Country

U.S.A.

Zip

33774

Country

U.S.A.

**REINSTATEMENT**4. Date Incorporated or Qualified  
To Do Business in Florida

1972

5. FEI Number

59-1432029

Applied For

Not Applicable

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

## 7. Name and Address of Current Registered Agent

Name

Mohammad Adnan Rahman

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

13400 Pine St. S.W.

Suite, Apt. #, Etc.

City

Largo

State  
FLZip Code  
33774

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 9-26-00

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.	Mohammad D.A. Rahman	8840 9th St. N.	St Petersburg, FL. 33702
Sec.	Hikman A. Rahman	3137 Carlos Dr.	Dunedin, FL. 33693

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:

President 9-26-00 727-581-1598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)