

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 511441

1. Corporation Name

H&B Excavating, Inc.

2. Principal Office Address - No P.O. Box #
3914 N.W. Gainesville Rd.

3. Mailing Office Address
3914 N.W. Gainesville Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ocala, Fl.

City & State
Ocala, Fl.

Zip
34475

Country
United States

Zip
34475

Country
United States

7. Name and Address of Current Registered Agent

Name
Barner, Richard L SR.

Street Address (P.O. Box Number is Not Acceptable)
3914 N.W. Gainesville Rd.

Suite, Apt. #, Etc.

City
Ocala

State
FL

Zip Code
34475

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

Richard L Barner Sr.

REGISTERED AGENT MUST SIGN

Date 5-27-09

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
ST	Thompson, Valarie	3914 N.W. Gainesville Rd	Ocala, FL 34475
P	Barner, Richard L SR.	3914 N.W. Gainesville Rd.	Ocala, FL 34475

REINSTATEMENT

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:

Richard L Barner Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD L. BARNER SR 5-27-09 352-351-5122

FILED

09 JUN -2 PM 2:26

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

600156669306
06/02/09--01008--014 **1500.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 08/30/1976

5. FEI Number
591690165

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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.