


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 <p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # 570829

1. Corporation Name

BURKHART SERVICES, INCORPORATED

Principal Place of Business

Mailing Address

4700 N.W. 2ND AVE.
STE 204
BOCA RATON FL 33431
US

~~700 N.E. 75TH ST.~~
P.O. BOX 659 ~~(33488)~~
BOCA RATON FL ~~33488~~ 33429

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BURKHART, JOSEPH P., SR	700 N.E. 75TH ST.	BOCA RATON FL 33487
VD	BURKHART, MARY T.	700 N.E. 75TH ST.	BOCA RATON FL 33487
T	BURKHART, PATRICK J	22077 MARTELLA AVE	BOCA RATON FL 33433
V	STEVENS, BURTON W.	21655 REFLECTION LN.	BOCA RATON FL 33428
S	STEVENS, KATHLEEN T.	21655 REFLECTION LN.	BOCA RATON FL 33428

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURKHART, JOSEPH P., SR
700 N.E. 75TH ST.
BOCA RATON FL ~~33431~~ 33487

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -3 AM 11:22

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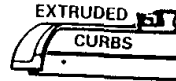
CP2E040 (8/01)

BURKHART SERVICES, INC.

P.O. BOX 659
BOCA RATON, FLORIDA 33429

Concrete Curbing Division

561-997-8894



FAX 561-997-2601

November 30, 2001

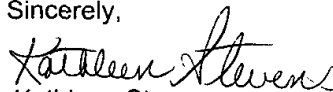
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir,

Today I received the form for reinstatement back from your office. Directions for enclosing a check for reinstatement was attached. I called your office and spoke with "Kathy". I once again told her that I had never received an initial notice for filing, and did not realize the form was not taken care of in February or March when we complete all of our tax reports. On October 29, 2001, after calling your office, I mailed the corrected form and our company check #9703 for \$150.00 with a letter attesting to the fact that we never received the initial form for corporate filing. My check was not included with the form you sent back today, but Kathy said it must be coming to me in a separate envelope. Per her instructions, I am once again sending these forms and a new payment for \$150.00 to process the request with a waiver of other reinstatement fees.

Please feel free to contact me directly if you have any additional questions. Your prompt attention will be greatly appreciated.

Sincerely,


Kathleen Stevens
Corporate Secretary