

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 23 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 659655

1. Corporation Name

Goodman Land Clearing and Excavating, Inc.

2. Principal Office Address

3322 Highway 27 South

Suite, Apt. #, etc.

City & State

Lake Wales, FL 33859

Zip

33859

Country

POLK

3. Mailing Office Address

P.O. Box 512

Suite, Apt. #, etc.

City & State

Babson Park, FL

Zip

33827

Country

POLK

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

3-19-1980

5. FEI Number

592095989

☒ 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

Jimmy L. Goodman

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

3322 Highway 27 South

Suite, Apt. #, Etc.

City

Lake Wales

State
FL

Zip Code
33859

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

Jimmy L. Goodman

REGISTERED AGENT MUST SIGN

Date **July 19, 2001**

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
PD	Jimmy L. Goodman	356 Jefferson Street	Lake Wales, FL 33859
SD	Helen Goodman	356 Jefferson Street	Lake Wales, FL 33859

REINSTATEMENT 9/6-01/78

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-2001

Date

863-557-9284

Daytime Phone #

CR2E081 (9/00)