


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  99 JUN -2 PM 5:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # 847946</b> 1. Corporation Name <b>McPHALL EXCAVATING, INC.</b>					
Principal Place of Business		Mailing Address			
<b>LOT 19 PALOMINO HORSE TRAIL BIG PINE KEY, FL. 33043</b>		<b>PO BOX 854 BIG PINE KEY, FL. 33043</b>			
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		4. Date Incorporated or Qualified To Do Business in Florida <b>1976</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>38-2150818</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
PRES.	RONALD C. McPHALL	550 9th STREET	KEY COLONY BCH, FL. 33051		
<b>REINSTATEMENT 97-99 1178</b>					
<b>100002905911--9</b> <b>-06/16/99--01004--012</b> <b>***1058.75 ***1058.75</b>					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
<b>RONALD C. McPHALL 550 9th STREET KEY COLONY BCH, FL. 33051</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State <b>FL</b> Zip Code _____		
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 <i>Ronald C. McPhall</i> Date <b>05/11/1999</b> REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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. <b>RONALD C. McPHALL</b> SIGNATURE: <i>Ronald C. McPhall</i> Date <b>05/11/1999</b> (305) 872-4951 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

CR2040 (1/98)