

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 NOV 12 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F39394**

1. Corporation Name

B.J. EXCAVATING ENTERPRISES, INC.

2. Principal Office Address

4545 Radio Road

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34104

Country

US

3. Mailing Office Address

4545 Radio Road

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34104

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/1981

5. FEI Number

59-2113982

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

Michael A. Baviello, Jr., Esquire

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

1025 Fifth Avenue North

Suite, Apt. #, Etc.

City

Naples

State  
FL

Zip Code

34102

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

REGISTERED AGENT MUST SIGN

Date November 7, 2002

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| PD     | Mark J. Austin                       | 4545 Radio Road                                   | Naples, Florida 34104 |
| VP,S,T | Michael J. Austin                    | 4545 Radio Road                                   | Naples, Florida 34104 |
| D      | Ben F. Jones                         | 4545 Radio Road                                   | Naples, Florida 34104 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

**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 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

11/7/2002 (239) 643-3478

Date

Daytime Phone #

CR2E081 (9/01)