

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 24 AM 8:52

DOCUMENT # F89883

1. Corporation Name

J.R. BERNARD HAULING, INC.

Principal Place of Business

8690 GULF BLVD.
ST. PETERSBURG BCH. FL 33706

Mailing Address

8690 GULF BLVD.
ST. PETERSBURG BCH. FL 33706

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

REINSTATEMENT 02-04



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

07/07/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1879096

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
PSTD	BERNARD, JOSEPH R	8690 GULF BLVD	ST. PETERSBURG BCH. FL

200029404252
02/25/04--01068--017 **1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERNARD, JOSEPH R
8690 GULF BLVD.
ST. PETERSBURG BCH. FL 33706

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** 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. or 617.0505, F.S.

Signature of Registered Agent

Joseph R Bernard
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2-20-2004

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)(l), 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:

Joseph R Bernard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-20-2004

Daytime Phone #

727-360-5245