

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 10 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G84070

1. Corporation Name

Mike Brown Excavating, Inc.

W00-8561

2. Principal Office Address

2800-5th Ave. S.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33708

Country

USA

3. Mailing Office Address

P.O. Box 10007

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33773

Country

USA

REINSTATEMENT 97-00

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

2/9/84

5. FEI Number

59-2386990

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 J. Brown

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

6880-46th Ave. North

Suite, Apt. #, Etc.

Suite 240

City

St. Petersburg

State

FL

Zip Code

33709

300003213573-0

-04/18/00--0117--001

***1200.00 ***1200.00

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

Michael J. Brown
REGISTERED AGENT MUST SIGN

Date 3/1/00

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
Pres.	Michael J. Brown	1231-Monterey Blvd. N.E.	St. Petersburg, FL 33704
			LS

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:

Michael J. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Brown, President 3/1/00 (727)545-9076

Date

Daytime Phone #

CR2E081 (9/99)