

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG -2 PM 12:55

DOCUMENT #

1. Corporation Name

Bill's Backhoe, Inc.

2. Principal Office Address

P.O. Box 5206

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33083

Country

USA

3. Mailing Office Address

P.O. Box 5206

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33063

Country

USA

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

3-17-86

5. FEI Number

59-2691536

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

Jonathan K. Winer, Esq.

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

4000 Hollywood Blvd.

Suite, Apt. #, Etc.

Suite 350 North

City

Hollywood

State

FL

Zip Code

33021

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

7/31/00

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
D	William H. Sheffield	P.O. Box 5206	Hollywood, FL 33083
			800003349088-1 -08/08/00--01036--014 ***2238.75 ***2195.00
			REINSTATEMENT 88-2000
			LFI 8-9-2000

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

(William H. Sheffield)

7/31/00

Date

Daytime Phone #