

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 31 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06

CR2E081 (12/05)

DOCUMENT # J04460

1. Corporation Name

Bill's Backhoe Service, Inc.

2. Principal Office Address

P.O. Box 5206

3. Mailing Office Address

6525 SW 27 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

MIRAMAR FL

Zip

33083

Country

USA

Zip

33023

Country

USA
Broward

4. Date Incorporated or Qualified
To Do Business in Florida

3/19/1986

5. EEL 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

William Sheffield

000065570520

02/10/06--01026--014 **1058.75

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

6525 S.W. 27th Place

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33024

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

X *[Signature]*

Date

1/21/06

REGISTERED AGENT MUST SIGN

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
P, D	William Sheffield	6525 S.W. 27th Place	Miramar, FL 33024

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 contained in Chapter 119, 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] William Sheffield

1/21/06

954 981 6927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

January 21, 2006

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, Fl 32314

RE: AKA Multimedia Inc
Document #P99000042981

Enclosed please find my check #3095 in the amount of \$450.00 to cover the years 2004, 2005, and the current year 2006.

I did not receive the forms necessary to file on a timely basis as the address the Department of State mailed the 2004 forms were never forwarded to my new address.

I am asking that any penalties be waived for this reason.

Thank you for your attention in this matter.

Sincerely,

Daniel Jacobson
President

