

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 19 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J29266

1. Corporation Name

ROBINSON EXCAVATING OF FLORIDA, INC.

2. Principal Office Address

7444 BOTANICA PARKWAY

3. Mailing Office Address

P.O. BOX 2023

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

ASHLAND, KY

Zip 34238

Country SARASOTA

Zip 41105-2023

Country BOYD

4. Date Incorporated or Qualified  
To Do Business in Florida

08-19-86

5. FEI Number

592778582

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

JANET R. GRIFFITHS

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

7444 BOTANICA PARKWAY

Suite, Apt. #, Etc.

City

SARASOTA

State  
FL

Zip Code  
34238

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

*Janet R. Griffiths*

REGISTERED AGENT MUST SIGN

Date

4/22/04

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	MORRIS L. GRIFFITHS	P.O. BOX 2023	ASHLAND, KY 41105-2023
ST	JANET R. GRIFFITHS	P.O. BOX 2023	ASHLAND, KY 41105-2023

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

MORRIS L. GRIFFITHS

Date

4/22/04

Daytime Phone #

(606) 239-5139

CR2E081 (10/02)