

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 26 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **J46725**

1. Corporation Name

EUBANKS EXCAVATING, INC.

Principal Place of Business

Mailing Address

1304 SAND RD.
TALLAHASSEE FL 32310

1304 SAND RD.
TALLAHASSEE FL 32310

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

4. Date Incorporated or Qualified To Do Business in Florida

12/11/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2057970

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip Country

Zip Country

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
PD	EUBANKS, JOE	410 TALAFLO STREET	TALLAHASSEE FL 32308

600009630186
12/26/02--01036--007 *#158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DYE, JIMMY~~
~~317 EAST GALL STREET~~
~~TALLAHASSEE FL 32315~~

Name **Joseph D. Eubanks**
Street Address (P.O. Box Number is Not Acceptable)
1304 Sand Road
Suite, Apt. #, Etc.
City **Tallahassee** State **FL** Zip Code **32310**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-16-02

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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Eubanks 12/16/02 (850) 576-0579

Date

Daytime Phone #

CR2E040 (8/02)



GRADING & PAVING CONTRACTOR

Post Office Box 3489
Tallahassee, Florida 32310
Phone: (850) 576-0579 Fax: (850) 575-8607

December 6, 2002

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Application for Reinstatement (J46725)

Attention: Annual Report/Reinstatement Section

We have no record of receiving the previous UBR notices and are hereby requesting that the reinstatement fee be waived. The application for reinstatement and the \$150.00 fee are attached.

Thank you for your help in this matter.

Sincerely,

EUBANKS EXCAVATING, INC.



Joe Eubanks
President