

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -5 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** J64899

**1. Corporation Name**  
D AND G ROAD MILLING, INC.

**2. Principal Office Address**  
15900 S.W. 51ST MANOR  
Suite, Apt. #, etc.

**3. Mailing Office Address**  
15900 S.W. 51ST MANOR  
Suite, Apt. #, etc.

**City & State**  
SOUTH WEST RANCHES, FL  
**Zip** 33331 **Country** BROWARD

**City & State**  
SOUTH WEST RANCHES, FL  
**Zip** 33331 **Country** BROWARD

**4. Date Incorporated or Qualified To Do Business in Florida** 04/01/1987

**5. FEI Number** 59-280-1637 **Applied For** Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  **\$375 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name** GILDA PRIVETT **700009366857**

**Street Address (P.O. Box Number is Not Acceptable)** 15900 S.W. 51ST MANOR **12/05/02--01011--010 \*\*150.00**

**Suite, Apt. #, Etc.**

**City** SOUTH WEST RANCHES, FL **State** FL **Zip Code** 33331

**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** Gilda Privett **REGISTERED AGENT MUST SIGN** **Date** 11/26/02

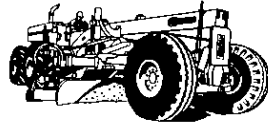
**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	PRIVETT, GILDA	15900 S.W. 51ST MANOR	SOUTH WEST RANCHES, FL 33331
DS	PRIVETT, KENNETH J	15900 S.W. 51ST MANOR	SOUTH WEST RANCHES, FL 33331
DVP	PRIVETT, KENNETH JR	836 N.W. 110 ave	PLANTATION, FL 33324

**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)(j), 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:** Gilda Privett **Gilda Privett DP** **Date** 11/26/02 **(954) 680-8261** **Daytime Phone #**

CR2E081 (9/01)



*D & G*  
*Road Milling, Inc.*

November 14, 2002

To: State of Florida , Department of State

Re: Application for Reinstatement

To Whom it May Concern:

I am writing you this letter to ask for forgiveness. I sorry for sending my payment in so late. I personally had a rough year and would like you to have compassion for me. My father died this year and I over looked a few things. My payemnt for reinstatement was one of them. I'm sending you his death certificate and my payment of \$150.00. I would hope your department will be understanding about this matter.

If you have any questions, please call me 954-680-8261

Thank You,

*Gilda Privett*

Gilda Privett