

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 OCT 26 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J96843

1. Corporation Name

Burback Construction Co., Inc.

2. Principal Office Address - No P.O. Box #

191 Castlevew Rd

Suite, Apt. #, etc.

City & State

Kalispell, MT

Zip

59904

Country

3. Mailing Office Address

P.O. Box 7912

Suite, Apt. #, etc.

City & State

Kalispell, MT

Zip

59904

Country

000162143300  
10/26/09--01005--024 \*\*300.00  
CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida 10/9/1987

5. FEI Number  
59-2853924

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

Swart Baumruk & Company LLP

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

1101 Miranda Lane

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34741

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*William L. Burback*

REGISTERED AGENT MUST SIGN

Date 10/16/2009

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
PD	William L. Burback	191 Castlevew Rd	Kalispell, MT 59901
SD	Terry S. Burback	191 Castlevew Rd	Kalispell, MT 59901

**REINSTATEMENT**

**RH**

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:

*William L. Burback*

William L. Burback

10/16/09

407-847-7466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #