


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 AUG 31 AM 8:46  
TALLAHASSEE, FLORIDA

DOCUMENT # **L19554**

1. Corporation Name  
Thomas B. Cushing Demolition, Inc.

2. Principal Office Address 8210 8th Road North		3. Mailing Office Address 8210 8th Road North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State West Palm Beach, Florida		City & State West Palm Beach, Florida	
Zip 33411	Country USA	Zip 33411	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 9/26/1989

5. FEI Number 65-0149040 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  
Thomas B. Cushing

Street Address (P.O. Box Number is Not Acceptable)  
8210 8th Road North

Suite, Apt. #, Etc.

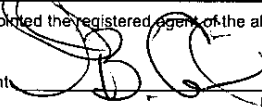
City  
West Palm Beach

State  
FL

Zip Code  
33411

100859190231  
08/31/05--01063--006 \*\*240 1.75

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  REGISTERED AGENT MUST SIGN

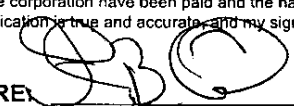
Date 8/18/05

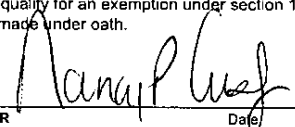
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Thomas B. Cushing	8210 8th Road North	West Palm Beach, FL 33411
D	Nancy Cushing	8210 8th Road North	West Palm Beach, FL 33411

**REINSTATEMENT** 94-05

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  Thomas B. Cushing SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Nancy Cushing 8/18/05 Daytime Phone #

CR2E081 (01/05)  
W. Williams AUG 31 2005

LAW OFFICES  
**BOYES & FARINA**  
PROFESSIONAL ASSOCIATION

**WILLIAM E. BOYES\***  
BOARD CERTIFIED WILLS, TRUSTS & ESTATES  
FELLOW, AMERICAN COLLEGE TRUST AND  
ESTATE COUNSEL

**JOHN FARINA\*\***  
BOARD CERTIFIED WILLS, TRUSTS & ESTATES  
BOARD CERTIFIED BUSINESS LITIGATION LAWYER  
& CIVIL TRIAL ADVOCATE

**JOHN P. MORRISSEY**

\*ADMITTED TO PRACTICE IN FLORIDA  
AND NEW JERSEY

\*\*ADMITTED TO PRACTICE IN FLORIDA  
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**KENNI F. JUDD, P.A.**  
OF COUNSEL

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FAX NO. (561) 697-8980  
FAX NO. (561) 697-9497

August 29, 2005

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Thomas B. Cushing Demolition, Inc.

Dear Sir/Madam:

Enclosed please find the Corporation Reinstatement of Thomas B. Cushing Demolition, Inc. for filing, together with a check in the amount of \$2,408.75 made payable to Florida Department of State to cover the Filing Fee and Certificate of Status. Please process this and then notify our office that the Corporation has been reinstated and issue a Certificate of Good Standing, as requested in Item 6.

Thank you for your assistance.

If you have any questions, please do not hesitate to contact me.

Best wishes,

**Dictated, but not reviewed  
to expedite delivery.**

William E. Boyes

WEB/cz  
Enclosures

cc: Thomas & Nancy Cushing