

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L76720

1. Corporation Name

ABC EXCAVATING CO., INC.

Principal Place of Business

**1065 McKenize Road
Lake Helen, FL 32744**

d/b/a ALAN B COOKE

Mailing Address

**P.O. BOX 116
Lake Helen, FL 32744**

05/29/90 11:10:51

REINSTATEMENT 92-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/90

5. FEI Number

59-3044400

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Alan B Cooke	1065 McKenize Road	Lake Helen, FL 32744
VPres.	Alan B Cooke Jr.	1065 McKenize Road	Lake Helen, FL 32744

**000002823158--3
-03/30/99--01032--005
***1800.00 ***1800.00**

8. Name and Address of Current Registered Agent

**COOKE, ALAN B
1065 McKENIZE ROAD
LAKE HELEN, FLORIDA 32744**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0535, F.S.

Signature of
Registered Agent

Alan B. Cooke

REGISTERED AGENT MUST SIGN

Date

329-99

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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: ALAN B COOKE, President *Alan B. Cooke*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 228-0311
Daytime Phone #

CR2504g (12-96)