

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000110229

1. Entity Name  
TONY'S BACKHOE SERVICE, INC.



FILED

2008 MAY -6 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
14863 SOUTHWEST 148 STREET CIRCLE  
MIAMI, FL 33196

Mailing Address  
14863 SOUTHWEST 148 STREET CIRCLE  
MIAMI, FL 33196

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country



4. FEI Number  
65-1060748

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, TONY  
14863 SOUTHWEST 148 STREET CIRCLE  
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 5/2/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PEREZ, TONY  
STREET ADDRESS 14863 SOUTHWEST 148 STREET CIRCLE  
CITY-ST-ZIP MIAMI, FL 33196

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 5/2/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 6 2008