

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION OF CORPORATIONS

06 OCT 30 PH 2:02

DOCUMENT # P01000032889

1. Corporation Name **PIERCE BROS LAND LEVELING INC.**

2. Principal Office Address

415 TRADER RD

Suite, Apt. #, etc.

City & State

LABELLE FL

Zip

33975

Country

HENDRY

3. Mailing Office Address

P.O. Box 2211

Suite, Apt. #, etc.

City & State

LABELLE FL

Zip

33975

Country

HENDRY

REINSTATEMENT 04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

3/15/01

5. FEI Number

65-1088790

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

OWEN LUCKEY JR

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

415 TRADER RD

Suite, Apt. #, Etc.

City

LABELLE

State

FL

Zip Code

33935

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **10-26-06**

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
PTS	TED PIERCE	415 TRADER	LABELLE FL 33935

100081348001
10/30/06--01048--017 **1058.75

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-06

Date

863-673-2791

Daytime Phone #