

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 24 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068374

1. Corporation Name

ABSOLUTE EXCAVATION, INC.

2. Principal Office Address

4610 SE ROCKY POINT WAY

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

Zip

34997

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 7/9/2001

5. FEI Number

65-1124704

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

JOHN SAWTELL

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

4610 SE ROCKY POINT WAY

Suite, Apt. #, Etc.

100031073711

03/24/04--01042--007 **450.00

City

STUART

State

FL

Zip Code

34997

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

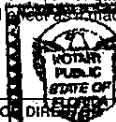
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOHN SAWTELL	4610 SE ROCKY POINT WAY	STUART, FL 34997

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 607.07(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:

John R. Sawtell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ROBIN L. HERMAN
COMMISSION # DD081306
EXPIRES DEC 30 2005
BONDED THROUGH
ADVANTAGE NOTARY

Daytime Phone #

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February 8th, 2004

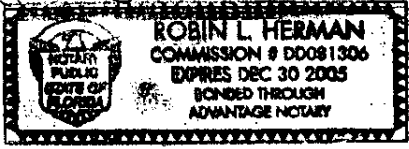
Florida Department of State
Division of Corporations
Reinstatement Department
PO Box 6327
Tallahassee, FL 32314

RE: Absolute Excavation, Inc.
P01000068374
FEIN #: 65-1124704

Dear Sir or Madam:

Enclosed you will find a copy of my re-instatement form for Absolute Excavation, Inc. At this point, as far as we know, we have never received any forms from your office to complete our corporate annual report. As this is the first corporation I have ever owned, I was completely unaware of this issue until I went to change banks. I had no intention of not filling this report. I had never received any forms from you and as I had been traveling for work I had not meet with my tax professional until this last summer. We are making no changes for 2004 and as a result we are enclosing a check in the amount of \$450.00 to pay for the annual fees for 2002, 2003 & 2004. We would request that in light of this information you would reinstate our corporation. We had no intension of dissolving this corporation, this happened only because we never received the forms. We would request that as a result you abate the penalties on our account and reinstate Absolute Excavation, Inc. as soon as possible. Thank you for your time and attention in this matter.

Sincerely,

Robin L. Herman


John R. Sawtell, Jr.

John Sawtell, Jr.