

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 13 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068374

1. Corporation Name

Absolute Excavation, Inc.

2. Principal Office Address - No P.O. Box #
2930 SE 38th Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Okeechobee, FL

City & State

Zip
34974

Country

Zip

Country

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2001

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
Steven Clark

Street Address (P.O. Box Number is Not Acceptable)
901 SW Martin Downs Blvd

Suite, Apt. #, Etc.

City
Palm City

State
FL

Zip Code
34990

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **6-1-07**

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	2930 SE 38th Ave	Okeechobee, FL 34974

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: *X John Sawtell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-07

Date

772-263-0550

Daytime Phone #

26/14

June 1st, 2007

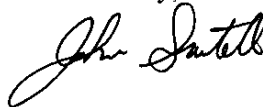
Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Absolute Excavation, Inc.
65-1124704
P01000068374

Dear Sir or Madam:

Enclosed you will find a copy of my Corporate Reinstatement form for Absolute Excavation, Inc. I am the Sole owner and officer of this corporation and to my knowledge I have never received any forms from the state concerning my annual report. This most likely is due to the fact that my business requires me to travel about 80% of the year and much of my mail does not get forwarded properly. I was unaware that I had missed this annual report filing until it was brought to my attention when I was completing my workers comp exempt forms. This I can assure you happened only because I never received the forms. In addition I will assure you that it will not happen again as I have changed my mailing address and will have all future documents sent to my accountants office. I have no desire to avoid this fee; I simply did not receive the form to file. I would request in light of the fact that I never received my forms, I would request that you abate my penalty and accept my check in the amount of \$450.00 for the 2005, 2006 & 2007 reports, and reinstate my corporation at your earliest convenience. I thank you in advance for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "John Sawtell", written in a cursive style.

John Sawtell