

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 21 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000080049**

1. Corporation Name

**Pile Services Inc.**

2. Principal Office Address

**6202 Colonial Dr.**

Suite, Apt. #, etc.

3. Mailing Office Address

**6202 Colonial Dr.**

Suite, Apt. #, etc.

City & State

**Margate, FL**

City & State

**Margate, FL**

Zip

**33063**

Country

**U.S.A.**

Zip

**33063**

Country

**U.S.A.**

**REINSTATEMENT**

**03**

4. Date incorporated or Qualified  
To Do Business in Florida

**8-9-01**

5. FEI Number

**65-1133469**

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

**Chris Recchie**

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

**2701 Riverside Dr.**

Suite, Apt. #, Etc.

**#514**

City

**Coral Springs**

State  
**FL**

Zip Code  
**33065**

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 **10-14-03**

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
<b>P</b>	<b>Chris- Recchie</b>	<b>2701- Riverside Dr. #514</b>	<b>Coral Springs, FL. 33065</b>

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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Chris Recchie**

Date

**10-14-03**

Daytime Phone #

**(561)**

**239-2065**

7/10/23

CR2E081 (10/02)

6202 Colonial Dr.  
Margate, FL 33063

Pile Services Inc.

October 14, 2003

To Whom It May Concern,

My company never received a uniform business report form since its inception on August 9, 2001.

Chris Recchie  
President



Pile Services Inc.