

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 23 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112177

1. Corporation Name

NORTHERN DIRT WORK, INC.

Principal Place of Business

14405 TRIPP RD  
LOXAHATCHEE FL 33470

Mailing Address

14405 TRIPP RD  
LOXAHATCHEE FL 33470



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/2001

5. FEI Number

65 1144 675

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RAFFERTY, DAVID	14405 TRIPP RD	LOXAHATCHEE FL 33470

100008546371  
10/23/02--01057--001 \*\*150.00

10/25

8. Name and Address of Current Registered Agent

RAFFERTY, DAVID  
14405 TRIPP RD  
LOXAHATCHEE FL 33470

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/22/02

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

Date

Daytime Phone #

CR2E040 (8/02)



**Northern  
Dirt Work**

10/22/2002

FLORIDA DEPT OF STATE  
JIM SMITH  
DIVISION OF CORPORATIONS  
409 E. GAINES ST.  
TALLAHASSEE, FL 32399

I WRITE THIS LETTER TO LET YOU KNOW  
THAT WE ARE SENDING A CHECK # 10075  
FOR \$150.

I CALLED (850) 488 9000 AND SPOKE WITH  
SOMEONE AT THAT OFFICE AND SHE SUGGESTED  
I WRITE A LETTER. THIS IS TO EXPLAIN  
THAT WE DID NOT RECEIVE PRIOR NOTICE OF  
UBR REQUEST. THIS OUR FIRST YEAR IN  
BUSINESS AND I DID NOT KNOW WE HAD TO  
SEND IT SO SOON.

ALSO INCLUDED IS THE COMPLETE FORM AND  
FEI NUMBER.

THANK YOU FOR YOUR UNDERSTANDING  
PLEASE CALL US IF YOU HAVE ANY QUESTIONS  
AS WE ARE VERY CONCERNED AND WOULD  
LIKE THIS MATTER RESOLVED.

Dan Rafferty

OFFICE 561-7981977  
CELL 561-719 3237 OR 561 789.2570

THANK YOU AGAIN