

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -9 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000021153

1. Corporation Name

BROSSEIT'S BACKHOE COMPANY, INC.

300054904683
05/20/05--01018--005 ***450.00

2. Principal Office Address

462 MOZART RD.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

Zip

33411

Country

U.S.A.

3. Mailing Office Address

462 MOZART RD.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

Zip

33411

Country

U.S.A.

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/02

5. FEI Number

59-2254266

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

MICHAEL BROSSEIT

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

462 MOZART RD.

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33411

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

Michael Brosseit

Date 05/03/05

REGISTERED AGENT MUST SIGN

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/D	MICHAEL BROSSEIT	462 MOZART RD.	W. PALM BEACH, FL. 33411

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:

Michael Brosseit

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL BROSSEIT

Date

05/03/05 (561)

Daytime Phone #

CR2E081 (10/02)

May 4, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: BROSSEIT'S BACKHOE COMPANY, INC.
P02000021153
Reinstatement

To Whom It May Concern:

Enclosed find check for \$450.00 to pay for the 2003, 2004 and 2005 Annual Reports. I never received the original notice and did not know the corporation had been dissolved.

Sincerely,

A handwritten signature in cursive script that reads "Michael Brosseit". The signature is written in dark ink and is positioned above a horizontal line.

Michael Brosseit