

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000024829

1. Corporation Name

IMPERIAL EXCAVATING, INC.

Principal Place of Business

Mailing Address

~~17307 POWERLINE ROAD~~
~~DADE CITY FL 33523~~

~~17307 POWERLINE ROAD~~
~~DADE CITY FL 33523~~



REINSTATEMENT 07

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

2. New Principal Office Address, If Applicable

11935 Frontage Rd

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11935 Frontage Rd

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2002

5. FEI Number

68-0502361

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Dade City FL

Zip

33525

Country

PASCO

City & State

Dade City FL

Zip

33525

Country

PASCO

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SMITH, RAY L	17307 POWERLINE ROAD	DADE CITY FL 33523

600023767666
10/13/03--01099--018 **758.75

8. Name and Address of Current Registered Agent

SMITH, RAY L
17307 POWERLINE ROAD
DADE CITY FL 33523

9. Name and Address of New Registered Agent

Name

~~Imperial Excavating, Inc.~~

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

~~11935 Frontage Rd~~

Suite, Apt. #, Etc.

City

~~Dade City~~

State

FL

Zip Code

~~33525~~

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

Ray L Smith
REGISTERED AGENT MUST SIGN

Date

10-9-03

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:

Ray L Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03

Date

Daytime Phone #

CR2E040 (7/03)