03-05 RW 1202

PLEASE READ A	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	OS AUG II PH 4: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Corporation Name		\
Buckshot Excar 2. Principal Office Acdress 1118 Cariston Are Suite, Apr. #, etc.	ation, Inc. 3. Mading Office Address Same Suits, Apt. #, etc.	06 29 05 01048 003-450.00 08 11 05 0106 003-6000 4. Date Incorporated or Qualified To Do Business in Forder
Cny & Statio	City & State	Date Incorporated or Qualified To Do Business in F orida Tel Number Applied For
Lehigh Heres FL 33971 USA	Zlp Country	30-0087 200 Not Applicable 6. CERTIFICATE OF STATUS DES RED 5875 Additional Fee Conductor to a Certification of Status
7. Name and Address of Current Registered Agent		
Name Cohen + Cohen Financial Services In		
Street Andress (P.O. Box Number is Not Acceptable) SZ 15 W - Nill 5 boro Blvd.		
Sulta, Apr. #, Etc.		
CH Sperfield Beach		State Zip Code FL 33447
8. i, being appointed the registered agent of the above	ve named corporation, am familiar with and accept the	obligations of section 807.0505 or 617.0503, F.S.
Signature of Registered Agent RE	GISTERED AGENT MUST SIGN	Obligations of Section 607.0505 or 617.0503, F.S.
9. Names and Street Addresses of Each Officer and/or Orector (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Ea Officer and/or O.rect	
president Robert Fu	orrer 1118 Cariston	Are Lehigh Acres. Fl 33971
		8/2
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 807 or 617, F.S. I further contriby that when filling 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 inclinicalists stated on this supplication is true and eccurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF FIGHING OFFICER OR DIRECTOR Date D		

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Zal Z

June 24, 2005

To whom it may concern:

Enclosed please find an application for re-instatement with respect to our company Buckshot Excavation, Inc., along with a check in the amount of \$450.00. We were just recently made aware that our corporation name had dissolved with the Division of Corporations due to failure to renew the annual report. We never received the renewals for the last three years, because we moved. Please except our re-instatement form and our check to renew our corporate name.

Thanking you in advance for your prompt and courteous attention to this matter. If you have any questions or need any further assistance in this matter please contact the undersigned.

Sincerely,

Robert J. Furrer III