


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS <i>W 1240000 39 992</i>	
DOCUMENT # <i>1020000 55073</i>			
1. Corporation Name FORMAN'S TRUCKING AND EXCAVATION, INC.			
393 CR 17 A WEST AVON PARK, FLORIDA 33825			
2. Principal Office Address 393 CR 17 A WEST		3. Mailing Office Address <i>393 CR 17 A WEST</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State AVON PARK, FLORIDA		City & State AVON PARK, FLORIDA	
Zip 33825	Country US	Zip 33825	Country US

FILED
05 JAN -3 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *03-09*
100042241341
10/27/04--01034--005 **900.00

4. Date Incorporated or Qualified To Do Business in Florida 05/17/2002	
5. FEI Number <i>45-04077736</i> <i>45-0477736</i>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name TULA M HAFF, ESQ.	
Street Address (P.O. Box Number is Not Acceptable) 3399 CYPRESS GARDENS ROAD	
Suite, Apt. #, Etc. SUITE C	
City WINTER HAVEN	State FL Zip Code 33884

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 <i>Tula M Haff</i>	Date <i>12/28/04</i>
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	ROBERT R. FORMAN	393 CR 17A WEST	AVON PARK, FLORIDA 33825

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: <i>Robert R. Forman</i>	10/25/04 (863) 453-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #