2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000055363

KILCREASE, MITCHELL

PLANTATION, FL 33317

975 SOUTHWEST 42ND AVENUE

Name:

Address:

City-St-Zip:

FILED Dec 08, 2004 Secretary of State

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Entity Nar	ne: CHARL	IE BRUCE BACKHOE, INC.			
Current Principal Place of Business:			New Principal Plac	e of Business:	
	HWEST 36T IDERDALE,				
Current M	ailing Addr	ess:	New Mailing Addre	New Mailing Address:	
	HWEST 36T JDERDALE,				
FEI Number:	65-0165223	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SIEGEL, A 120 NW 36 WESTON,		.A. US	BRUCE, JOHN 120 NW 36 ST FORT LAUDERDAL	BRUCE, JOHN 120 NW 36 ST FORT LAUDERDALE, FL 33309 US	
The above in the State		y submits this statement for th	ne purpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE: JOHN E	BRUCE		12/08/2004	
	Electro	onic Signature of Registered	Agent	Date	
		193(2)(b), F.S., the corporation did ing Trust Fund Contribution ().	d not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BRUCE, JOH 120 NORTHV	() Delete N VEST 36TH STREET ERDALE, FL 33309	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BRUCE, MICI 120 NORTHV	() Delete HELLE VEST 36TH STREET ERDALE, FL 33309	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	D (() Delete	Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHELLE BRUCE D 12/08/2004