

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 14 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000057990

1. Corporation Name

Arnold Hemenway Excavating, Inc.

2. Principal Office Address

7941 NW 105th St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2696

Suite, Apt. #, etc.

City & State

Chiefland, FL

City & State

Chiefland, FL

Zip

32626

Country

USA

Zip

32644

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/23/02

5. FEI Number

01-0706091

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

Arnold Hemenway

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

7941 NW 105th St

Suite, Apt. #, Etc.

City

Chiefland

State

FL

Zip Code

32626

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

Arnold Hemenway

REGISTERED AGENT MUST SIGN

Date

6-12-06

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	Arnold Hemenway	7941 NW 105th St	Chiefland, FL 32626
	<i>RP/15</i>		

000076428460

06/21/06--01016--013 **1050.00

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 contained in Chapter 119, 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:

Arnold Hemenway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arnold Hemenway

Date

6-12-06

Daytime Phone #

493-97