




2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000057990 1. Entity Name ARNOLD HEMENWAY EXCAVATING, INC.				FILED 07 NOV 21 PM 1:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7941 NW 105th St 7491 NW 105th St CHIEFLAND, FL 32626 CHIEFLAND FL 32626		Mailing Address P.O. BOX 2696 CHIEFLAND, FL 32626		 REINSTATEMENT 10/26/2007 REINSTATEMENT 032E098 (1/07) 07	
2. Principal Place of Business - No P.O. Box # 7491 NW 105th St Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2696 Suite, Apt. #, etc.			
City & State Chiefland FL Zip 32626		City & State Chiefland FL Zip 32644			
4. FEI Number 01-0706091		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEMENWAY, ARNOLD 2041 NW 105TH ST CHIEFLAND, FL 32626		7. Name and Address of New Registered Agent Name mi Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME HEMENWAY, ARNOLD		TITLE - <input type="checkbox"/> Delete	NAME Michael Ryan Thomas <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 2041 NW 105th St	CITY-ST-ZIP CHIEFLAND, FL 32626		STREET ADDRESS 7491 NW 105th St	CITY-ST-ZIP Chiefland FL 32626	
TITLE President	NAME Tracy Lynn Hemmenway		TITLE Secretary	NAME Tracy Lynn Hemmenway	
STREET ADDRESS 7491 NW 105th St	CITY-ST-ZIP Chiefland FL 32626		STREET ADDRESS 7491 NW 105th St	CITY-ST-ZIP Chiefland FL 32626	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					