

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 17 AM 8:28

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # *P03000046175*

1. Corporation Name

THOMAS EXCAVATING & TRUCKING, INC.

2. Principal Office Address - No P.O. Box #

16509 TUSCANOOGA RD.

Suite, Apt. #, etc.

3. Mailing Office Address

16509 TUSCANOOGA RD.

Suite, Apt. #, etc.

City & State

GROVELAND FL

City & State

GROVELAND FL

Zip

34736

Country

USA

Zip

34736

Country

USA

REINSTATEMENT *05-07*

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

4/24/03

5. FEI Number

55-0829627

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

FRED S. THOMAS

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

16509 TUSCANOOGA RD.

Suite, Apt. #, Etc.

City

GROVELAND

State

FL

Zip Code

34736

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Fred S. Thomas

REGISTERED AGENT MUST SIGN

Date *4-30-07*

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
DPVP	<i>FRED S. THOMAS</i>	<i>16509 TUSCANOOGA RD.</i>	<i>GROVELAND FL 34736</i>
DST	<i>LINDA J. HOLMES-THOMAS</i>	<i>16509 TUSCANOOGA RD.</i>	<i>GROVELAND FL 34736</i>
	<i>\$5125</i>		

500108610665
*05/31/07--01082--004 **450.00*

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:

Fred S. Thomas

FRED S. THOMAS, PRESIDENT

Date

4-30-07

Daytime Phone #