

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 FEB -7 PM 5:18

DOCUMENT # PO3000054079

1. Corporation Name

**C & A BOBCAT & ESCAVATOR, INC**

2. Principal Office Address

**4751 NW 5th Ave**

3. Mailing Office Address

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pompano Beach, FL**

City & State

Zip

**33064**

Country

**USA**

Zip

Country

000066255030  
02/21/06--01019--004 \*\*300.00

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/08/2003**

5. FEI Number

**59-3601940**

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

**Clifford Strowbridge**

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

**4731 NW 5th Ave**

Suite, Apt. #, Etc.

City

**Pompano Beach, FL**

State

**FL**

Zip Code

**33064**

**REINSTATEMENT**

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

*Clifford Strowbridge*  
REGISTERED AGENT MUST SIGN

Date

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
Pres.	Clifford Strowbridge	4731 NW 5th Ave	Pompano Beach, FL 33064

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

*Clifford Strowbridge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/2006**

Date

**407 895-5933**

Daytime Phone #



*Firm Of*  
**ROBINSON & ROBINSON INC.**  
***"America's Accountants"***

JANUARY 29, 2006

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Agent,

This letter is to inform the necessary parties that, The entity known as "C& A Bobcat & Escavator Incorporated" received the Uniform Business Report notice and send in the post card with a check for \$150.00, however, the check was returned back to him because he didn't have documents to accompany the check. Due to these circumstances we are asking that the penalties be rebated. Document# P03000054079. We are sending \$300.00 for 2005 and 2006.

Your cooperation concerning this matter is greatly appreciated.

Cordially yours,

Maurice Robinson  
President