

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 13 PM 4:02

DOCUMENT # P 0460000 4198

1. Corporation Name

Bm H Hauling Inc.

2. Principal Office Address

4877 PERSIMMON Hollow
Suite, Apt. #, etc. ROAD

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Milton FL

City & State

Same

Zip

32583

Country

San Rosa

Zip

Country

REINSTATEMENT 05-06

11/07/06 01016 014 \$158.25
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1-5-2004

5. FEI Number

20-0586338

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jason O Jarrell

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

4877 PERSIMMON Hollow Rd.

Suite, Apt. #, Etc.

000081577030

11/17/06--U1053--006 **150 00

City

Milton

State

FL

Zip Code

32583

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-13-06

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	Jason O Jarrell	4877 PERSIMMON Hollow Rd.	Milton FL 32583

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-06 850-698-9390

Date

Daytime Phone #

2 of 2

Untitled

BMH Hauling INC.
10119 Nichols Lake rd
Milton FL 32583
850-698-9390

To whom it may concern:

Please be advised that I did not receive 2005 annual report notice. We have moved twice in the last year and apparently was not forwarded the forms. I am sending a restatement form with our current address with a check for \$150.00 for filing.
Any questions please call me at 850-698-9390 Thanks Jason D Jarrell President

