

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 DEC -4 PM 1:27

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000072403

1. Corporation Name

**BITUMINOUS MACHINERY SALES, INC.**

400113218134  
12/16/07--01016--015 \*\*\*300.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
1711 Barbados Avenue

3. Mailing Office Address  
1711 Barbados Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Marco Island, Florida

City & State  
Marco Island, Florida

Zip Country  
34145

Zip Country  
34145

4. Date Incorporated or Qualified To Do Business in Florida 05/17/2005

5. FEI Number 20-2855800  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  
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1840 Southwest 22nd Street

Suite, Apt. #, Etc.  
4th Floor

City State Zip Code  
Miami FL 33145

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 By: Natalia Utrera  
Natalia Utrera, Vice President REGISTERED AGENT MUST SIGN

Date 12-3-07

**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
PD	Lilja, Dean Michael	1711 Barbados Avenue	Marco Island, Florida 34145
ST	Stevenson, Bonita Lynette	1711 Barbados Avenue	Marco Island, Florida 34145

B 12/4/07

**REINSTATEMENT** 06-07

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: Dean Lilja  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-30-07

Date Daytime Phone #