

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR -1 AM 10:14

DOCUMENT # P07000060192

1. Corporation Name

DIRTWORKX EXCAVATING, INC.

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

18703 Honeycutt Road

Suite, Apt. #, etc.

3. Mailing Office Address

18703 Honeycutt Road

Suite, Apt. #, etc.

City & State

Groveland, FL

City & State

Groveland, FL

Zip

34736

Country

Zip

34736

Country

500167915225
02/03/10--01033--024 **300.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida 05/21/2007

5. FEI Number
26-0229296

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

Marty R. Pridgen

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

18703 Honeycutt Road

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.

500167915225
03/04/10--01006--015 **150.00

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

Marty R. Pridgen

REGISTERED AGENT MUST SIGN

Date 02-01-10

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
DP	Marty R. Pridgen	18703 Honeycutt Road	Groveland, FL 34736
DST	Robert J. Merritt	18711 Honeycutt Road	Groveland, FL 34736

10. E-mail Address: bevstaples@embarqmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Marty R. Pridgen

Marty R. Pridgen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/10

Date

4078329184

Daytime Phone #