

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB -7 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P36709

1. Corporation Name

Independence Excavating, Inc.

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

5720 Schaaf Rd.

Suite, Apt. #, etc.

City & State

Independence, OH

Zip

44131-1396

Country

USA

3. Mailing Office Address

5720 Schaaf Rd.

Suite, Apt. #, etc.

City & State

Independence, OH

Zip

44131-1396

Country

USA

REINSTATEMENT  
CR2E081 (12/07) 04-08

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/1991

5. FEI Number

34-0938274

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ 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

*Diane Stout*

Diane Stout, Asst. Secretary

Date

1-31-08

REGISTERED AGENT MUST SIGN

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
President	Victor DiGeronimo	5720 Schaaf Rd.	Independence OH 44131
Vice-P	Richard DiGeronimo	5720 Schaaf Rd.	Independence OH 44131
Secret	Robert DiGeronimo	5720 Schaaf Rd.	Independence OH 44131

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Victor DiGeronimo*  
President

Date

02/01/08

Daytime Phone #

(216) 524-1700