

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000007993**

1. Corporation Name

**ENGLISH BROTHERS DEMOLITION & LAND CLEARING, INC.**

Principal Place of Business

825 HOPE DRIVE  
PENSACOLA FL 32534

Mailing Address

825 HOPE DRIVE  
PENSACOLA FL 32534

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/29/1993

5. FEI Number

59-3160047

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	ENGLISH, OTIS J	3803 NORTH 10TH AVENUE	PENSACOLA FL 32503
D	ENGLISH, NED J	211 ARIOLA AVENUE	PENSACOLA FL 32503

8. Name and Address of Current Registered Agent

ENGLISH, OTIS J  
3803 N. 10TH AVENUE  
PENSACOLA FL 32503

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of  
Registered Agent

*Otis J. English*  
REGISTERED AGENT MUST SIGN

REQUIRED

Date

10/15/99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

*Otis J. English*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/99 (813) 479-7845

FILED

99 OCT 19 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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CR02300 (8/99)

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**CUSTOMER'S RECEIPT** DO NOT SEND THIS RECEIPT FOR PAYMENT  
KEEP IT FOR YOUR RECORDS

83521684888 990428 325042 \*150\*00

SERIAL NUMBER	YEAR, MONTH, DAY	POST OFFICE	U.S. DOLLARS AND CENTS
PAY TO <i>Department of State</i>		CHECKWRITER IMPRINT AREA	
ADDRESS		FROM <i>English Brothers, Inc.</i>	ADDRESS <i>555 W. Hill Dr.</i>
COD NO. OR USED FOR <i>P93000007992</i>		<i>Inspection, FL 32534</i>	

This receipt is your guarantee for a refund of your money order if it is lost or stolen, provided you fill in the Pay To and From information on the money order in the space provided. No claim for improper payment permitted 2 years after payment. If your money order is lost or stolen, present this receipt and file a claim for a refund at your Post Office.

An Inquiry Form 6401 may be filed at any time for a fee. A replacement will not be issued until 60 days after the money order purchase date, provided the money order has not been paid.