

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

97-00



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR 27 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036539

1. Corporation Name

Southside Excavating, Inc.

2. Principal Office Address

8512 Riverview Dr
Suite, Apt. #, etc.

3. Mailing Office Address

8512 Riverview Dr.
Suite, Apt. #, etc.

City & State

Riverview, FL

City & State

Riverview, FL

Country

33569 Hillsborough

Zip

33569 Hillsborough

REINSTATEMENT

97-00

SP

4. Date Incorporated or Qualified
To Do Business in Florida

5/18/93

5. FEI Number

59-3174068

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

Betty L. Williams

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

8512 Riverview Drive

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33569

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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 3/17/00

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 | Betty L. Williams | 8512 Riverview Dr. | Riverview, FL 33569 |
| | | | |
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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00
Date

(813) 677-7109
Daytime Phone #

CR2001 (9/99)