

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065278

1. Corporation Name

LIGHTNING EXCAVATING, INC.

Principal Place of Business

Mailing Address

~~2530 SAN LUIS RD.
HOLIDAY FL 34601~~

~~2530 SAN LUIS RD.
HOLIDAY FL 34601~~

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

2. New Principal Office Address, If Applicable

5108 DOVE DR
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5108 DOVE DR
Suite, Apt. #, etc.

City & State

N.P.R. FL

Zip
34652

Country

USA

City & State

N.P.R. FL

Zip
34652

Country

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
EDY	MALONE, MICHAEL	5138 GICENO BLVD	NEW PORT RICHEY FL
DPTS	PAYNE, HAROLD	5108 DOVE DR.	NEW PORT RICHEY FL

400002085844--1
-02/12/97--01120--018
****915.00 ****915.00

8. Name and Address of Current Registered Agent

GENERAL, UPDATE I
2831 VALENCIA LN. W.
PALM HARBOR FL 34684

9. Name and Address of New Registered Agent

Name

James H. Collins Sr.

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

1102 EUGENIA DR.

Suite, Apt. #, Etc.

City

Holiday

State

FL

Zip Code

34691

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

James H. Collins Sr.
REGISTERED AGENT MUST SIGN

Date

9/23/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Harold Payne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-96

Date

Daytime Phone #

FILED
97 FEB 10 AM 9:04 \$375.⁰⁰
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96-97

4. Date incorporated or Qualified
To Do Business in Florida

09/15/1993

5. FEI Number

59-3202521

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2000 (7/96)