

APPLICATION

FOR

REINSTATEMENT



FLORIDA DEPT.

Kali

ec.

DIVISION OF CORPORATIONS

FILED

00 JAN 10 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # 98-2000 AR
PG5000053421

1. Corporation Name

Bob's Grading & Hauling WA9-29185

Principal Place of Business

Mailing Address

7154 W. University Dr. #210
Tamarac, FL 33321

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

Not Applicable

Zip

Country

Zip

Country

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Lisa Furrer	6922 SW 19 Manor Pompano Bch, FL 33068	Pompano Bch, FL 33068
			300003105683--8 -01/21/00--01004--022 ****450.00 ****450.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lisa Furrer - president
7154 W University Dr. #210
Tamarac, FL 33321

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 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/18/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA FURRER

Date

11/18/99

Daytime Phone #

954 972

484