

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 SEP 28 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000056705**  
1. Corporation Name  
**Brickyard Excavating, Inc.**

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**Post Office Box 14187**  
**Tallahassee, Florida**  
**32317 USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**9-27-05**

5. FEI Number

**59-3368693**

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

**Fred H. White**

**400060530714**

**10/13/05--01075--005 \*\$1.565 .00**

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

**1401-A MacLay Commerce Drive**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32312**

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

**Fred H. White**

Date

**9-27-05**

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
P	Fred H. White	1401-A MacLay Commerce	Tallahassee, FL 32317

**REINSTATEMENT**

**9-27-05**

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:

**Fred H. White**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**9-27-05 # 050-545-9529**

Daytime Phone #

**BRICKYARD EXCAVATING, INC.  
POST OFFICE BOX 14187  
TALLAHASSEE, FLORIDA 32317  
(850) 545-9529**

**SEPTEMBER 28, 2005**

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
POST OFFICE BOX 6327  
TALLAHASSEE, FLORIDA 32314**

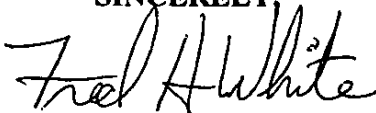
**RE: CORPORATION# P95000056705**

**TO WHOM IT MAY CONCERN:**

**I AM INTERESTED IN ACTIVATING THE ABOVE CORPORATION. I WAS NOT AWARE UNTIL YESTERDAY THAT THIS CORPORATION HAD BEEN ADMINISTRATIVELY DISSOLVED, THAT WAS WHEN I VISITED YOUR OFFICE. I HAD NEVER RECEIVED ANY RENEWAL INFORMATION NOR DID I RECEIVE A NOTICE OF DISSOLUTION.**

**YOUR ASSISTANCE IN THIS MATTER WOULD GREATLY BE APPRECIATED.**

**SINCERELY,**

A handwritten signature in cursive script that reads "Fred H. White". The signature is written in dark ink and is positioned above the printed name.

**FRED H. WHITE**