

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg. 10/2

APPLICATION FOR REINSTATEMENT

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



APPROVED
AND
FILED

97 AUG 18 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1996-1997 AR'S
 1. Corporation Name
 P95000085838
 SHULER TIDEWATER CORPORATION

Principal Place of Business 7 Florida Park Drive
 Suite A
 Palm Coast, FL 32137
Mailing Address
 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.		3 Nov. '95	
City & State		City & State		5. FEI Number	
Zip		Country		59-3422313	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Gary A. Shuler P.S.T.D.	20B Coral Reef Ct. North	Palm Coast, FL 32137

400002272234--8
 -08/20/97--01061--009
 ***365.00 ***365.00

A. Alan
 8/18/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Gary A. Shuler 20B Coral Reef Ct. North Palm Coast, FL 32137		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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 G. Shuler Date 8/13/97
 REGISTERED AGENT MUST SIGN

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: Gary A. Shuler 8/13/97 (904) 446-0098
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)

pg. 2 of 2



SHULER TIDEWATER CORPORATION

Certified Underground Utility Contractors

7 Florida Park Drive, Suite A
Palm Coast, FL 32137

13 Aug. '97

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Attn.: Slogan

Dear Sir:

Attached please find our reinstatement application along with our check in the amount of \$365.00. As outlined in the phone conversation with Joe Vece on 06/24/97, the annual report was mailed to my old home address in New Smyrna Beach, FL and was not forwarded so that it might have been filed timely.

We thank you for your assistance in this matter. Should you need additional information in this application, please do not hesitate to call at (904) 446-0098.

Again, our thanks for your time and consideration. We remain

Sincerely,

SHULER TIDEWATER CORPORATION

Gary A. Shuler
President

GAS: ju

Enclosure (2)