

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Kenneth Harris
Secretary of State
DIVISION OF CORPORATIONS

0102 UBR

FILED

02 FEB 22 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000073424**

1. Corporation Name

HARD ROCK EXCAVATORS, INC.

Principal Place of Business

Mailing Address

6235 SHIRLEY ST
NAPLES FL 34109
US

6235 SHIRLEY ST
NAPLES F 34109
US

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

2. New Principal Office Address, If Applicable

11477 Longshore Way W
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11477 Longshore Way W
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/1996

5. FEI Number

59-3399137

Applied For

Not Applicable

City & State
Naples, FL

City & State
Naples, FL

Zip Country
34119 USA

Zip Country
34119 USA

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	THERIAULT, BRIAN	11477 LONGSHORE WAY W	NAPLES FL 34119

LS

500005081385--1
-03/11/02--01076--004
****300.00 ****300.00

8. Name and Address of Current Registered Agent

THERIAULT, BRIAN
6235 SHIRLEY ST
NAPLES FL 34109

9. Name and Address of New Registered Agent

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **1-22-01**

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01
Date

941592-6652
Daytime Phone #

CR2E040 (8/01)

Do Not Remove

Pg 2

Hard Rock Excavators, Inc.

*11477 Longshore Way W. Naples, Florida
(941) 514-8255 fax (941) 514-4278*

February 7, 2002

*To: Florida Department of State
- Katherine Harris
Secretary of State
Division of Corporations*

I am writing this letter to explain the reason the filing of the application was late was because we had never received the first one. We did have a change of address and we must not have received it. When we received the second one we were able to respond and send back to you.

*Thank you
Brian A Theriault, President of Hard Rock*
