

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

①

DOCUMENT # **P96000095386**
1. Corporation Name **A.D.S. EXCAVATING**

FILED
99 NOV 19 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4622 SW 18TH AV
CAPE CORAL FL 33914

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

2. New Principal Office Address, If Applicable SAME State: Apt. #, etc. City & State: Zip: Country: Lee		3. New Mailing Office Address, If Applicable SAME Suite: Apt. #, etc. City & State: Zip: Country: Lee		4. Date Incorporated or Qualified To Do Business in Florida 1996	
				5. FEI Number 65 07 12 536 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	Sandra Fischer	4622 SW 18TH AV (SAME)	
vice pres	DAVID M. FISCHER	CAPE CORAL FL 33914	
Bookkeeper	Sue Rhea	1610 SW 16 PL	CAPE CORAL FL 33914
			500003063775-0 -12/08/99--01003--016 ****317.50 ****317.50 SP

8. Name and Address of Current Registered Agent SAME	9. Name and Address of New Registered Agent Name: Sandra Fischer Street Address (P.O. Box Number is Not Acceptable): 4622 SW 18TH AV Suite, Apt. #, Etc.: 4622 SW 18TH AV City: CAPE CORAL State: FL Zip Code: 33914
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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: **Sandra Fischer** Date: **Nov 17 99**
REGISTERED AGENT MUST SIGN

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: **Sandra Fischer** Date: **Nov 17 99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: **941-5491437**

CR2E081 12/98

(2)

Due to numerous medical problems (the need for surgery) and my mother's declining health and death from cancer on Oct. 23, I have inadvertently failed to file my corporate paper work. I would appreciate any help you can give me to resolve this problem.

I'm inclosing \$150.00 for each year. Thanks You

Dr Fenning Ft Myers 941-3372003 orthopaedic surgeon

Dr Harper Cape Coral 574-4600

please help.

My doctors are listed below.

Dr Miles Ft Myers 941-4338888 heart

My past 1 and half years really stunk.

THANKS

Sandra Fischer

\$ 150.00

150.00

8.75

8.75

\$ 317.50 Total Due?