

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



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

FILED

02 AUG -8 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-08/13/02--01048--014

\*\*\*300.00 \*\*\*300.00

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**DOCUMENT #**

**1. Corporation Name**

Everette Leavins, Sr. Well Drilling, Inc.

**2. Principal Office Address**

1239 Leavins Road

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

City & State

Westville, FL

Same

Zip

32464

Country

U.S.

Zip

Same

Country

Same

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12-18-1996

**5. FEI Number**

58-2350869

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

Everette Leavins, Sr.

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

1239 Leavins Road

Suite, Apt. #, Etc.

City

Westville

State

FL

Zip Code

32464

**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

Everette Leavins Sr.

Date 8-9-02

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
1	Everette Leavins, Sr.	1239 Leavins Road	Westville, FL 32464

**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:**

Everette Leavins Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-02

Date

850-956-2122

Daytime Phone #

CR2E081 (9/01)