

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000024000**

1. Corporation Name

EARTH MATERIALS MINING, INC.

Principal Place of Business

Mailing Address

400 NORTH 91 MINE ROAD
BARTOW FL 33830

400 NORTH 91 MINE ROAD
BARTOW FL 33830 - 9401

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -4 AM 8:00

REINSTATEMENT

03-04
MRE



300029860963

03/04/04--01007--015 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1997

5. FEI Number

59-3432890

Applied For

Not Applicable

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
PD	TICE, SAMUEL A	400 NORTH 91 MINE ROAD	BARTOW FL 33830
VD	TICE, JULIA C	325 NORTH 91 MINE ROAD	BARTOW FL 33830
ST	TICE, JULIA C	325 NORTH 91 MINE ROAD	BARTOW FL 33830

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TICE, SAMUEL A
400 N 91 MINE ROAD
BARTOW FL 33830

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. or 617.0505, F.S.

Signature of
Registered Agent

Julia C. Tice
REGISTERED AGENT MUST SIGN

Date **2-25-04**

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:

Julia C. Tice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 26, 2004
Date

863-533-4920
Daytime Phone #

CR2E040 (7/03)