

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000029318

Entity Name: ISLAND EXCAVATING CO.

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5614 SW 14TH PLACE  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOHN M. WICKER, P.A.  
P.O. DRAWER 60205  
FORT MYERS, FL 33906 US

**New Mailing Address:**

FEI Number: 65-0753575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WICKER, JOHN M  
12670 NEW BRITTANY BLVD.  
SUITE 101  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN M. WICKER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVPT  
Name: OSBORN, WARREN  
Address: 23 BRINKER RD.  
City-St-Zip: BARRINGTON, IL 60010

Title: DPS  
Name: DECKROW, JON  
Address: 5614 SW 14TH PL  
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN DECKROW

DPS

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date