

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 11 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **997000053730**

1. Corporation Name

Northwest Florida Excavating, Inc.

Principal Place of Business

**12 A Commerce Dr.
Destin, FL 32541**

Mailing Address

**P.O. BOX 5404
Destin, FL 32540**

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

4. Date Incorporated or Qualified
To Do Business in Florida

6/18/97

5. FEI Number

59-3451823

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)

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
President	Derek Woodyard	125 E. Wilson Street	Santa Rosa Beach FL, 32459
Sec/Treas	JOHN RILEE	12 A Commerce Dr	Destin, FL 32541

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-12/15/98--01103--004
****158.75 ****158.75

8. Name and Address of Current Registered Agent

**Richard P Petermann
25 NE Walter Martin Road
Fort Walton Beach, FL 32548**

9. Name and Address of New Registered Agent

Name
JOHN K. RILEE
Street Address (P.O. Box Number is Not Acceptable)
12 A Commerce Dr
Suite, Apt. #, Etc.
City
Destin
State
FL
Zip Code
32540

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

REGISTERED AGENT MUST SIGN

Date **12/11/98**

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN K RILEE

Date

Daytime Phone #

CR200-0 (1/98)