

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 14 PM 12:04

DOCUMENT # P98000050040

1. Corporation Name

LITTLE CREEK BUSH HOG & BACKHOE SERVICE INC.

Principal Place of Business

Mailing Address

~~602 W. W. ROAD~~ 9491 STARSATE WAY
TALLAHASSEE FL 32311 32308
~~602 W. W. ROAD~~ 9491 STARSATE WAY
TALLAHASSEE FL 32311 32308



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

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1998

5. FEI Number

Applied For

593577938

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 |
|---------------|---|--|---|
| P | MARTIN, WILLIAM C | 602 W. W. ROAD 9491 STARSATE WAY | TALLAHASSEE FL 32311 32308 |
| VP | MARTIN, WILLIAM C | 602 W. W. ROAD STARSATE WAY | TALLAHASSEE FL 32311 32308 |
| | | | |
| | | | |
| | | | 900003018619--2 -10/18/99--01067--005 ***750.00 ***750.00 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTIN, WILLIAM C

~~602 W. W. ROAD~~ 9491 STARSATE WAY
TALLAHASSEE FL 32311 32308

Name

Wm C Martin

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

9491 STARSATE WAY

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

Wm C Martin

REGISTERED AGENT MUST SIGN

Date

10/13/99

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:

William C Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/99 850-9068403

Daytime Phone #