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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24038843

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061716

1. Entity Name

Extreme Excavating, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 10211 West Lantana Road	3. Mailing Address: 10211 West Lantana Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth	City & State: Lake Worth
Zip: 33467 Country: US	Zip: 33467 Country: US

4. FEI Number 65-0855927 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: David Torchin, C.P.A.

Street Address (P.O. Box Number is Not Acceptable): 8211 WEST BROWARD BLVD STE 200

City: PLANTATION FL Zip Code: 33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 03/29/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Edward Johnson 10211 West Lantana Road Lake Worth, Florida 33467	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700034801527 04/30/04--01009--026 **750.00
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Edward Johnson 04/02/2004 954-472-3124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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