

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 28 PM 4:25

DOCUMENT # P98000082271

1. Corporation Name

WENDELL'S EXCAVATING, INC.

Principal Place of Business

1505 S JEFFERSON AVE
CLEARWATER FL 33756

Mailing Address

1505 S JEFFERSON AVE
CLEARWATER FL 33756

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/1998

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875. A fee is 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 | 4. City / State / Zip |
|-------------|--------------------------------------|---|-----------------------|
| PRES. | WENDELL OVERSTREET | 1505 S. JEFFERSON CLEARWATER FL 33756 | CLW FL, 33756 |
| TRES. | JILL OVERSTREET | 1505 S. JEFFERSON | CLW, FL, 33756 |
| SEC. | | | |
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8. Name and Address of Current Registered Agent

OVERSTREET, WENDELL R
1505 S JEFFERSON AVE
CLEARWATER FL 33756

9. Name and Address of New Registered Agent

Name JAMES WARTH
Street Address (P.O. Box Number is Not Acceptable)
1859 N. WASHINGTON AVE
Suite, Apt. #, Etc.
City CLEARWATER State FL Zip Code 33755

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

Jill Overstreet

REGISTERED AGENT MUST SIGN

Date

10/25/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jill A. Overstreet

Date

10/25/99

Daytime Phone #

CR2004 (09/99)

AD