PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	PORATION STATEMI	5 6 6 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	Se	EPARTMENT OF STATE cretary of State on of corporations		FILED		
DOCUMENT # P99 0000 3686						04 OCT 26 PH 12: 07		
1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Gopher Earthworks, Inc.					13	LLAHASSEE, FÎ ÖR	ÍĎΑ	
2. Principal	I Office Addres	· · · · · · · · · · · · · · · · · · ·	3. Mailing Office	ca Addrass				
•	o Tro	. Di. /	_					
Suite, Apt. #, etc. Suite, Apt				·			•	
						corporated or Qualified 1 4 99		
Naples, FL			Naples, FL		5. FEI Numbe 59-3	546865	Applied For Not Applicable	
^{Zip} 341	80	USA	34108	US A	6. CERTIFICATE		5 Additional Fee required r a Certificate of Status	
			7. Nar	me and Address of Current Regis	tered Agent			
	Seth Enlow							
	Street Address (P.O. Box Number is Not Acceptable)							
	Suite, Apt. #, Etc.							
	City Na	ples, FL		34103	· · · · · · · · · · · · · · · · · · ·	State Zip Code		
8. Lheing		· • · · · · · · · · · · · · · · · · · ·	ve named comora	tion, am familiar with and accept the	e obligations of section		I	
Signature of Registered	,	olf 5	EGISTERED AGE			Date 10-22	2004	
9. Names	and Street Ad	· · · · · · · · · · · · · · · · · · ·		da nonprofit corporations must list at	t least 3 directors)			
Titles Name of Officers and/or Directors				Street Address of Ea	ach	City / State / Zip		
1P	Seth Enlow			1160 aand Ave. N.		Naples, Fa	2 34103	
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10. 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 s	ignature shall have	e the same legal effect as if made ur	nder oath.		0.03:1	
SIGNA ⁻	TURE: <	Doth S	1/e		1	フ・スス・ス	004	
l		GNATURE AND TYPED OR PE	INTED NAME OF SI	GNING OFFICER OR DIRECTOR		Date Days	time Phone #	

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