

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000064477

1. Corporation Name

TIM SMITH THE DIRT DOBBER AND LAND CLEARING, INC

Principal Place of Business

8154
8155 JAMIE DRIVE
MILTON FL 32583

Mailing Address

8154
8155 JAMIE DRIVE
MILTON FL 32583

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

07/12/1999

5. FEI Number

59-3589095

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	4 City / State / Zip
D	SMITH, TIM	8155 JAMIE DRIVE 8154	MILTON FL 32583
D	SMITH, JEFFREY B	5962 MEADOW LAND COURT	MILTON FL 32570
D	SMITH, DARYL C	232 QUEEN STREET	MILTON FL 32570

REINSTATEMENT 01-02
700005170467-7
-03/27/02--01004--018
****900.00 ****900.00

8. Name and Address of Current Registered Agent

SMITH, TIM
8155 JAMIE DRIVE
MILTON FL 32583

9. Name and Address of New Registered Agent

Name

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

8154 Jamie Drive

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Tim Smith

REGISTERED AGENT MUST SIGN

Date 3-1-02

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:

Tim Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-02

Date

983-2594

Daytime Phone #

CR2E040 (8/01)