

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000104187**

1. Corporation Name

CUBERT DOZER SERVICE, INC.

FILED

03 OCT 17 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4577 MILES DR
PORT ORANGE FL 32127

4577 MILES DR
PORT ORANGE FL 32127



REINSTATEMENT 23

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/01/2000	
City & State		City & State		5. FEI Number	
Zip		Country		59-3614297	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CUBERT, RICHARD L	4577 MILES DR	DAYTONA BEACH FL 32127

200023907872

10/17/03--01060--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CUBERT, RICHARD L 4577 MILES DR PORT ORANGE FL 32127	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	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. or 617.0505, F.S.

Signature of
Registered Agent

Richard L. Cubert
REGISTERED AGENT MUST SIGN

Date

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:

Richard L. Cubert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cubert Dozer Services, Inc.
3869 S. Nova Road Suite # 2
Port Orange, Fl 32127

October 13, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Re: 59-3614297

To Whom it May Concern:

I received your notice of administrative dissolution effective September 19, 2003. However, I did not receive the uniform business report prior to this. I was unaware that I had not paid this fee until I received the dissolution notice. My mailing address has changed recently. My new office address is:

3869 S. Nova Road Suite # 2
Port Orange, Fl 32127

I would appreciate it if you would waive the reinstatement fee. Enclosed, please find a check in the amount of \$150.

Thanking you in advance,

A handwritten signature in black ink, appearing to read "Richard Cubert", with a stylized flourish at the end.

Richard Cubert
President