

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 MAY 12 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #577662

1. Corporation Name

Dirt Works of Central Florida, Inc.

Principal Place of Business

Mailing Address

P.O. Box 702433  
St. Cloud, FL 34770-2433

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 8/30/91

Suite Apt #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3085550

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4. City, State, and Zip
P	Angie Persinger Hinton	3380 Hickory Tree Road	St. Cloud, FL 34772
VP	William Hinton, Jr.	3380 Hickory Tree Road	St. Cloud, FL 34772

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

John E. McIntee, Esq.  
241 E. Ruby Ave., Suite A  
Kissimmee, FL 34741

Name  
John L. Brewerton, III, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
250 N. Orange Ave., Suite 1700  
Suite, Apt. #, Etc.  
City  
Orlando  
State  
FL  
Zip Code  
32801

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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  
William Hinton, Jr. Vice President, Director

Date

Daytime Phone #

CR2E040 (12/96)