PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT 96 APR

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

96 SEP 30 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V62334

1. Corporation Name
PMC EXCAVATION, INC.

500001975925--2
-10/16/96--01007--002
****375.00 ****375.00

Principal Place of Business	Mailing Address
138 PALM COAST PKWY, N.E. SUITE 133 PALM COAST, FL 32137	138 Palm Coast PKWY, N.E. SUITE 133 PALM COAST, FL 32137

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
SEE ABOVE	see above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/09/1992

5. FEI Number: 59-3746649 ☐ 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 (P or 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 / Zip
P	CHOUINARD, PAUL M, SR.	138 PALM COAST PKWY. N.E. # 133	PALM COAST, FL 32137
S	CHOUINARD, GISELE	138 PALM COAST PKWY. N.E. # 133	PALM COAST, FL 32137

8. Name and Address of Current Registered Agent

CHOUINARD, PAUL (S) → should be M
25 Pennypacker Lane
Palm Coast, FL 32137

9. Name and Address of New Registered Agent

Name: CHOUINARD, PAUL M.
Street Address (P.O. Box Number is Not Acceptable): 138 PALM COAST PKWY, N.E.
Suite, Apt. #, Etc.: 133
City: PALM COAST | State: FL | Zip Code: 32137

CR2E040 (12/95)

10. I hereby 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: _____ Date: 9-23-96
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 for reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. and that all fees owed by the corporation have been paid. 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: _____ 9-23-96 904-445-1720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #