## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000148441

Entity Name: LASER UNDERGROUND UTILITIES INCORPORATED

FILED Oct 08, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	D JASON RD D, FL 34773				
Current Mailing Address:			New Mailing Address:		
6845 CHA ST. CLOU	D JASON RD D, FL 34773				
FEI Number	: 20-1825854	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address o	f New Registered Agent:	
6845 CHA	I, STACEY E .D JASON RD .D, FL 34773	US			
	e named entity so e of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE: STACEY J	ELLISON			
	Electroni	Signature of Registered Ag	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) I JELLISON, STAC 6845 CHAD JASC ST. CLOUD, FL	ON RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () I JELLISON, NEAL 6845 CHAD JASI ST. CLOUD, FL	ON RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () I JELLISON, JASO 6845 CHAD JASO ST. CLOUD, FL	ON RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () I JELLISON, CHAI 6845 CHAD JASI ST. CLOUD, FL	ON RD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY JELLISON P 10/08/2008