FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

00 FEB -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003594

1. Corporation Name

Schatz Underground Cable, Inc.

REINSTATEMENT 97-OC

2. Principal Office Address	3. Mailing Office Address
829 Park Lamar Dr.	829 Park Lamar Dr.
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Villa Ridge, MO	City & State: Villa Ridge, MO
Zip: 63089 Country: USA	Zip: 63089 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 07/25/95

5. FEI Number 43-1264442 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.

Suite, Apt #, Etc.

City: Plantation State: FL Zip Code: 33324

-02/08/00--01134--011
******150.00 ******150.00
61.25 - AO
88.75 - AR SUPP

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date 1/28/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Larry L. Schatz	829 Park Lamar Dr.	Villa Ridge, MO 63089
ExV/D	William J. Mercurio	1401 Forum Way, Suite 400	West Palm Beach, FL 33401
Asst.V	Martin J. Kobs	829 Park Lamar Dr.	Villa Ridge, MO 63089
Asst.S	Rosemarie Mulholland	1401 Forum Way, Suite 400	Villa Ridge, MO 63089
D	Robert C. Froetscher	829 Park Lamar Dr.	Villa Ridge, MO 63089
D	Joseph Powers	829 Park Lamar Dr.	Villa Ridge, MO 63089

10. 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.

Rosemarie Mulholland, Assistant Secretary

SIGNATURE: X [signature] 1-27-00 561-687-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #