

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 22 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005585

1. Corporation Name

American Directional Boring, Inc.

2. Principal Office Address

1425 North Ashby Road

Suite, Apt. #, etc.

City & State

St. Louis, Missouri

Zip

63132

Country

United States

3. Mailing Office Address

1425 North Ashby Road

Suite, Apt. #, etc.

City & State

St. Louis, Missouri

Zip

63132

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

43 - 1710461

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name **Michael Stankewitz**

Street Address (P.O. Box Number is Not Acceptable)

719 Bob Sikes Blvd

Suite, Apt. #, Etc.

City

Fort Walton Beach

State

FL

Zip Code

32547

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

Michael Stankewitz

Date *1/18/02*

REGISTERED AGENT MUST SIGN

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	Keeley, Lawrence P JR	143 Frontenac Forest	Frontenac, MO 63131
V	Wirvin, Wendel C	2800 Serene Court	Arnold, MO 63010
S	Keeley, Julie J	143 Frontenac Forest	Frontenac, MO 63131
T	Fischer, David S	8407 State Rt 163	Millstadt, IL 62260

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.

SIGNATURE:

David S Fischer, Treasurer

David S Fischer

January 18, 2001

(314) 426-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #