2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 04, 2008
Secretary of State

DOCUMENT# L06000050921

Entity Name: MIDPOINT UNDERGROUND LLC

Current Principal Place of Business:

1423 S.W. 44TH STREET
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

1423 S.W. 44TH STREET
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 20-4939746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAYUSA, MICHAEL F ESQ.
1922 VICTORIA AVE.
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

KAYUSA, MICHAEL F ESQ.
2400 FIRST ST.
FT. MYERS, FL 33901 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL F. KAYUSA 11/04/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WISE, TIMOTHY J
Address: 1423 S.W. 44TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM ( ) Delete
Name: WISE, M. ELIZABETH
Address: 1423 S.W. 44TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM ( ) Delete
Name: DORAIS, RONALD R
Address: 1042 N.E. 17TH AVENUE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TIMOTHY J. WISE MGR 11/04/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date