

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000000811

1. Limited Liability Company's Name

InfraSource Underground Construction, LLC

2. Principal Office Address - No P.O. Box #
4033 E. Morgan Road

Suite, Apt. #, etc.

City & State
Ypsilanti, MI

Zip
48197

Country

3. Mailing Office Address
100 West Sixth Street

Suite, Apt. #, etc.

City & State
Media, PA

Zip
19063

Country

4. State/Country of Formation
DE

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number
04-3633384

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **\$5.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Planation

State **Zip Code**
FL 33324

☒ **A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

**Signature of
Registered Agent**

Ann J. Williams

ANN J. WILLIAMS
Assistant Vice President

REGISTERED AGENT MUST SIGN

Date **May 8, 2007**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	InfraSource Underground Services, LLC	100 West Sixth Street	Media, PA 19063
mgr m/m	William H. Muller, Asst. Secretary.	100 West Sixth Street	Media, PA 19063
			400103921874 08/05/07--01051--017 **50.00
		Reinstatement without Penalty 2006-2007 up 5/24/07	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager**

William H. Muller

Date **5/4/07**

Daytime Phone # **610-480-8052**

Typed or printed name of signing Managing Member/Manager **By: William H. Muller, Assistant Secretary**