

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000051165

FILED
Oct 26, 2004
Secretary of State

Entity Name: UNDERGROUND SOLUTIONS, INC.

Current Principal Place of Business:

4915 HWY 544 EAST
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

4915 HWY 544 EAST
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 59-3652731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GINA BAUCOM
100 PINE FOREST LANE
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

THOMPSON, HASKELL J PST
4909 HWY 544 EAST
HAINES CITY, FL 33844 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: HASKELL J. THOMPSON

10/26/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TSMD (X) Delete
Name: BAUCOM, GINA J
Address: 100 PINE FOREST LANE
City-St-Zip: HAINES CITY, FL 33844

Title: P () Delete
Name: THOMPSON, HASKEL J
Address: 100 PINE FOREST LANE
City-St-Zip: HAINES CITY, FL 33844

Title: V (X) Delete
Name: BAUCOM, LATTA M
Address: 100 PINE FOREST LANE
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PST (X) Change () Addition
Name: THOMPSON, HASKEL J
Address: 4909 HWY 544 EAST
City-St-Zip: HAINES CITY, FL 33844

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HASKELL J. THOMPSON

PST

10/26/2004

Electronic Signature of Signing Officer or Director

Date