

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 23 AM 10:28

DOCUMENT # **P00000053728**

1. Corporation Name

Subsurface Specialists, Inc.

2. Principal Office Address - No P.O. Box #

5066 Rothschild Dr

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Coral Springs, FL

City & State

Same

Zip

33067

Country

USA

Zip

Same

Country

Same

000172905110
03/23/10--01022--001 **500.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

6-02-2000

5. FEI Number

65-1012570

☐ 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

Earl King

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

5066 Rothschild Dr

Suite, Apt. #, Etc.

City

Coral Springs, FL

State

FL

Zip Code

33067

☒ The 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 reinstatement
fee be waived.

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

Earl King

REGISTERED AGENT MUST SIGN

Date **3/19/2010**

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
President	Earl King - President	5066 Rothschild Dr.	Coral Springs, FL 33067

REINSTATEMENT

B 3/24/10

08-10

10. E-mail Address: **Subsurfaceinc@yahoo.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Earl King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-19-2010**

Daytime Phone #