

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 12 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000091985

1. Corporation Name

Utility Rehab. Systems, Inc.

W09-49337

11/12/09--01002--016 **1200.00
000162548230
11/12/09--01002--016 **1200.00

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

6220 N Bayfront Dr

Suite, Apt. #, etc.

Hernando FL

City & State

34442 USA

Zip

Country

3. Mailing Office Address

6220 N Bayfront Dr

Suite, Apt. #, etc.

Hernando FL

City & State

34442 USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/26/2000

5. FEI Number

59-3680707

☐ 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

Ken Bergdoll

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

6220 N Bayfront Drive

Suite, Apt. #, Etc.

City

Hernando

State

FL

Zip Code

34442

☒ 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 section 617.0503, F.S.

Signature of

Registered Agent

Ken Bergdoll

REGISTERED AGENT MUST SIGN

Date

11/4/09

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	Ken Bergdoll - D	6220 N Bayfront Dr	Hernando FL 34442
VP	Kelli M. Bergdoll - D	10845 E Seneca St	Inverness FL 34452

REINSTATEMENT

RH

000162548230
11/05/09--01044--009 **150.00

10. E-mail Address:

Special k.bergdoll @ tampabay-rr.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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

Kelli M. Bergdoll

Kelli M. Bergdoll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/09

Date

352 344 3552

Daytime Phone#