

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 NOV 14 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900137924049

11/14/08--01037--015 **300.00

CR2E081 (10/08)

DOCUMENT # *P01000016182*

1. Corporation Name

*UNDERGROUND SERVICES OF
AMERICA, INC.*

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

157 GREGORY PL.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

City & State

WEST PALM BEACH, FL.

Zip

33405

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

FEB 12, 2001

5. FEL Number

65-1093030

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

BRANDON DELICCIOTTO

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

157 GREGORY PL.

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33405

☒ 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

B. Delicciotto

REGISTERED AGENT MUST SIGN

Date

11/11/08

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
<i>PRES.</i>	<i>BRANDON DELICCIOTTO</i>	<i>157 GREGORY PL.</i>	<i>WEST PALM BEACH, FL. 33405</i>
<i>V.P.</i>	<i>LARRY CLEVELAND</i>	<i>157 GREGORY PL.</i>	<i>WEST PALM BEACH, FL. 33405</i>
<i>SEC.</i>	<i>MARK SPADINI</i>	<i>390 SW BEACHWAY</i>	<i>PALM CITY, FL. 34990</i>
<i>TRE</i>	<i>MARK SPADINI</i>	<i>390 SW BEACHWAY</i>	<i>PALM CITY, FL. 34990</i>

REINSTATEMENT

07-08

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

B. Delicciotto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/08

Daytime Phone #

772-215-

6358