

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000074850

1. Corporation Name

UNDERGROUND UTILITIES RENTALS, INC.

Principal Place of Business

Mailing Address

11580 NW 1 STREET
PLANTATION FL 33325

11580 NW 1 STREET
PLANTATION FL 33325

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HART, DARRYL	11580 NW 1 STREET	PLANTATION FL 33325
D	HART, PETER B	11580 NW 1 STREET	PLANTATION FL 33325

200009566702
12/17/02--01096--013 **750.00

REINSTATEMENT 02

8. Name and Address of Current Registered Agent

HART, PETER B
11580 NW 1 STREET
PLANTATION FL 33325

9. Name and Address of New Registered Agent

Name HART, DARRYL
Street Address (P.O. Box Number is Not Acceptable)
11580 NW 1ST ST.
Suite, Apt. #, Etc. PLANTATION
City State FL Zip Code 33325

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Dec 13, 2002

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954
HART 12/13/02 236-8009