PLEAS READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P01000074850 **DOCUMENT #**

1. Corporation Name

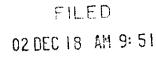
UNDERGROUND UTILITIES RENTALS, INC.

Principal Place of Business

Mailing Address

11580 NW 1 STREET PLANTATION FL 33325 11580 NW 1 STREET

PLANTATION FL 33325



SECHULANY OF STATE
FALLAHASSEE, FLORIDA



| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | | | | | |
|---|---------------------------------------|------------------------------|--------------------|---|---------------------------------------|---|-----------------------------------|--|--|
| | | | | Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida 07/30/2001 5. FEI Number Applied For | | 07/30/2001 | |
| Suite, Apt. #, etc. Suite, Ap City & State City & State | | | | | | | | Applied For | |
| | | | | | | Not Applicable | | | |
| Zip | | Country | Zip | | Country | | OF STATUS DESIRED | \$8.75 Additional Fee required for a Certificate of Status | |
| 7. Names | and Street Ad | dresses of Each Officer an | d/or Director (Flo | rida nonpro | lit corporations must list at | least 3 directors) | | | |
| Title(s) | (s) Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | City / State / Zip | | | |
| D | HART, DARRYL | | | 11580 NW 1 STREET | | | PLANTATION FL 33325 | | |
| -D——HART, PETER B | | | | 11560 NW-1-STREET | | | PLANTATION FL 3 | 8325 | |
| 3.4. | | | | | | 12717/ | 0009566702 0201096013 **750.00 | | |
| | | | | REINS | | | TATEME | NT O | |
| | | | | | | | | | |
| 8. Name and Address of Current Registered Agent | | | | | Name | 9. Name and Address of New Registered Agent | | | |
| HART, PETER B 14560-NW_E-STREET PEANTATION FE-33025 | | | | | Street Address 115 9 Suite, Apt. #, E | HART, DARRYL Street Address (P.O. Box Number is Not Acceptable) 11580 NW 15± St. Suite, Apt. #, Etc. PLANTATION | | | |
| 10. I, being | g appointed th | ne registered agent of the a | bove named corp | oration, am | familiar with and accept the | obligations of Sect | ion 607.0505, F.S. or 6 | 17.0505, F.S. | |

Signature of Registered Agen

REGISTERED AGENT MUST SIGN

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 filling 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: