

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000048643

1. Corporation Name

ADVANCED UNDERGROUND OF SW FLORIDA, INC.

Principal Place of Business

Mailing Address

1481 MARKET CIRCLE UNIT 5-E  
MURDOCK FL 33953

1481 MARKET CIRCLE UNIT 5-E  
MURDOCK FL 33953



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

1283 Perry Street  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 496393  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/02/2002

5. FEI Number

27-0010524

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	Todd A. Martin	1283 Perry St.	Port Charlotte, FL 33952
V	Mary E. Martin	1283 Perry St.	Port Charlotte, FL 33952

300023915523  
10/17/03--01091--012 \*\*\*150.00

8. Name and Address of Current Registered Agent

MARTIN, TODD A  
1481 MARKET CIRCLE UNIT 5-E  
MURDOCK FL 33953

1283 Perry Street  
Port Charlotte, FL  
33952

9. Name and Address of New Registered Agent

Name

n/a

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Todd A. Martin

Date 10/10/03

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 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:

Todd A. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03 941-625-6660  
Date Daytime Phone #

CP2E040 (7/03)

**ADVANCED UNDERGROUND OF SW FLORIDA, INC.**

P.O. Box 496393

Port Charlotte, FL 33949-6393

(941) 625-6160 phone

(941) 625-5160 fax

To Whom It May Concern:

Our company never received a corporation annual report/uniform business report form, nor the prior UBR notices. Therefore, we are forwarding, along with the completed Application for Reinstatement, the fee to file in the amount of \$150.00.

If you have any questions, or need further information, please do not hesitate to call.

Sincerely,



Todd A. Martin  
President

Enclosures