

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 DEC 29 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000059475

1. Corporation Name

SOUTHEASTERN UNDERGROUND UTILITIES, INC.

Principal Place of Business

Mailing Address

~~502 SHUMARD OAKS COURT~~  
~~06066 FL 34761~~

~~502 SHUMARD OAKS COURT~~  
~~06066 FL 34761~~



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

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

05/29/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8760 Rosemere Ct

8760 Rosemere Ct.

City & State

City & State

Orlando FL

Orlando, FL

Zip

Zip

32835

Country

32835

Country

Orange

5. FEI Number

04-3673533

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
President	Carol Everman	8760 Rosemere Ct.	Orlando, FL 32835
vice President	Carl Klein	8221 Gershwin St.	Orlando FL 32818
Chairman	Danny Everman	8760 Rosemere Ct	Orlando FL 32835

100025810551  
12/29/03--01038--020 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EVERMAN, CAROL C  
~~502 SHUMARD OAKS COURT~~  
~~06066 FL 34761~~

Name Carol C. Everman  
Street Address (P.O. Box Number is Not Acceptable)  
8760 Rosemere Ct.  
Suite, Apt. #, Etc.

City Orlando

State FL

Zip Code 32835

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

SIG Carol Everman

Date

12/22/03

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:

SIG Danny Everman Danny Everman 12-22-03 321/434/8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)