

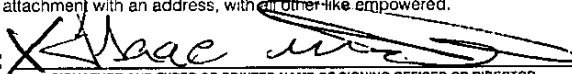


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000098210 1. Entity Name FLORIDA UNDERGROUND WORKS, INC.						FILED 05 OCT 17 AM 10:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 108 BANYAN LANE ROYAL PALM BEACH, FL 33411				Mailing Address 108 BANYAN LANE ROYAL PALM BEACH, FL 33411			
2. Principal Place of Business 1504 LAKE BREEZE DR		3. Mailing Address 1504 LAKE BREEZE DR					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State WELLINGTON		City & State WELLINGTON		4. FEI Number 75-3079797 NOT APPLICABLE		Applied For Not Applicable	
Zip 33414		Country US		Zip 33414		Country US	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				10142005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent WILLIAMS, ISAAC 108 BANYAN LANE ROYAL PALM BEACH, FL 33411				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1504 LAKE BREEZE DRIVE City WELLINGTON FL Zip Code 33414			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, ISAAC 108 BANYAN LANE ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	1504 LAKE BREEZE DR WELLINGTON FL 33414 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	20006068730 10/17/05-01070-004 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with other like empowered.							
SIGNATURE: 				10-14-05 (56) 798-9804			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			