

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000143399

1. Corporation Name

Underground South Tampa

10 APR - 1 PM 3:04

2. Principal Office Address - No P.O. Box #

629 CASABELLA CIR

3. Mailing Office Address

629 CASABELLA CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33609

Country

USA

Zip

33609

Country

USA

400171038014
03/02/10--01041--014 **450.00

KS

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida -

11-14-2006

5. FEI Number

205902163

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jared Burgess

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

629 Casabella Circle

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

... being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jared Burgess

REGISTERED AGENT MUST SIGN

Date *2-23-10*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>Pres.</i>	<i>JARED BURGESS</i>	<i>629 Casabella Circle</i>	<i>TAMPA FL 33609</i>

10. E-mail Address:

JARED@JAREDBGURGESS.COM

(To be used for future annual report notification)

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. I further certify, 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:

Jared Burgess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-10

Date

298-3732

Daytime Phone #