

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 SEP 11 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

**P93000072827**

1. Corporation Name

Underground Contractors Inc

2. Principal Office Address

30561 Andersen Court

3. Mailing Office Address

30561 Andersen Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wixom, MI

City & State

Wixom, MI

Zip

48393

Country

USA

Zip

48393

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/23/93

5. FEI Number

38-3139873

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

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, 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

*Barbara A. Burke*

**BARBARA A. BURKE**  
**SPECIAL ASSISTANT SECRETARY**

Date

*9-8-2000*

REGISTERED AGENT MUST SIGN

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
Pres	Delbert E. Mecum	6335 Wildwood Lane	W. Bloomfield, MI 48324
VP	Brian Mecum	6114 Atkins	Troy, MI 48098
Treas	Delbert E. Mecum	6335 Wildwood Lane	W. Bloomfield, MI 48324
Secr	Delbert E. Mecum	6335 Wildwood Lane	W. Bloomfield, MI 48324

10. 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:

*Delbert E. Mecum*

Delbert E. Mecum

9/7/00

248-669-2510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #