

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

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

FILED

02 OCT -7 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/10/02--01089--009
****900.00 ****900.00

DOCUMENT # P97000107722

1. Corporation Name

ELLIOTT UNDERGROUND, INC.

2. Principal Office Address

917 N PALMWAY STREET

Suite, Apt. #, etc.

3. Mailing Office Address

917 N PALMWAY STREET

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

Country

Zip

Country

34744

34744

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/1998

5. FEI Number

65-0798559

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$3.25 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

JAMES E HOLTKE

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

917 N PALMWAY STREET

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34744

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

REGISTERED AGENT MUST SIGN

Date

10/3/02

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 / Street / Zip
P	JAMES E HOLTKE	917 N PALMWAY STREET	KISSIMMEE, FLORIDA 34744

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-23-02

7 10/10/02