

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 DEC 28 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000 88552**

1. Corporation Name

C+H Underground, Inc.

2. Principal Office Address

1860 Bay Scout Dr.
Suite, Apt. #, etc.

#205

City & State

Fort Myers Florida

Zip

33907

Country

US

3. Mailing Office Address

1860 Bay Scout Dr.
Suite, Apt. #, etc.

#205

City & State

Fort Myers Florida

Zip

33907

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

65-0955389

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

Aaron L. Heffner

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

7791 Eagle Flight Lane

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33912

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

Aaron L. Heffner

REGISTERED AGENT MUST SIGN

Date **12-21-01**

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
Sec. Tre.	John H. Clapper	1860 Bay Scout Dr. #205	Fort Myers, FL 33907

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:

Aaron L. Heffner

Aaron L. Heffner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/01

Date

941-931-4000

Daytime Phone #

CR2E081 (9/00)