

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 25 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000089632

1. Corporation Name

PRECISION HORIZONTAL BORING, INC.

900004961963--6
-02/20/02--01076--010
***1050.00 ***1050.00

2. Principal Office Address

2158 YARDLEY DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

Zip

32526

Country

USA

Zip

Country

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

10/11/1999

5. FEI Number

59-3620354

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

✓ JOEL HERRING

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

✓ 2158 YARDLEY DRIVE

Suite, Apt. #, Etc.

City

✓ PENSACOLA

State

FL

Zip Code

✓ 32526

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

Joel Herring

REGISTERED AGENT MUST SIGN

Date 1/16/02

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 / State / Zip
D	Joel D. Herring	2158 Yardley Drive	Pensacola, FL 32526
D	James O. Baker	2701 Stefani Road	Pensacola, FL 32533

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:

Joel Herring
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18-02 ✓

Daytime Phone #

CR2E081 (9/01)