


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V43434

1. Corporation Name
MTS DIRECTIONAL BORING INC.

FILED
 04 MAR 26 PM 4: 01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 1530 SHELL POINT RD. CRAWFORDVILLE FL 32327 | Mailing Address 1530 SHELL POINT RD. CRAWFORDVILLE FL 32327 |
|---|---|



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | |
|--|--|
| 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country | 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country |
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|--|
| 4. Date Incorporated or Qualified To Do Business in Florida 06/10/1992 |
| 5. FEI Number 65-0322539 |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
|---|-------------------------------------|--|------------------------|
| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
| P | MYERS, RANDALL | 1530 SHELL POINT RD. | CRAWFORDVILLE FL 32327 |
| V | MYERS, DEBORAH | 1530 SHELL POINT RD. | CRAWFORDVILLE FL 32327 |
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800029277728
 02/24/04--01016--012 **700.00

REINSTATEMENT *03-04*

800029277728
 03/26/04--01100--009 **200.00

8. Name and Address of Current Registered Agent

MYERS, DEBORAH
 1530 SHELL POINT RD.
 CRAWFORDVILLE, FL 32327

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Deborah Myers* Date **2-3-04**
 REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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: *Deborah Myers* Date **1/16/03** Daytime Phone # **850-251-0684**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)