PLEASE I	HEAD ALL INSTRU	UTIONS DEFUNE (		Univi.	
APPLICATION					
FOR	FOB Katherine Harris				
HEINGTATEMENT				)	
DOCUMENT #	V56848		<u>E</u> 54		
1. Corporation Name Buton Under ground Construction, The 401 Campbell Road			OO JAN IO PH L	: []	
401 Campbell Divid			STADETALLY OF STATE		
De Pierce D 34945			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principa Place of Business Mailing Address			-		
HON Campbulled Same					
HU Campbull. Same It. Pierce It. 34545					
3454	` 15				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applic			4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.	ite, Apt. #, etc.		. 5-12-1992		
			5. FEI Number	Applied For	
City & State	City & State		6.5-037297	Not Applicable	
Zip Country	Zip	Country	CERTIFICATE OF STATUS DESIRE	p└ <u><u> </u></u>	
7. Names and Street Addresses of Each			Ast 3 directors)	·	
Name of (	Officers	Street Address of Eac	h /	City / State / Zie	
Title(s) and/or Di				City / State / Zip	
Pres. Johnny H. Barton HU Campbell Rd. 9. H.1				1 Il BUTHS	
Dine		LI CAMPLER RO	A. A. U.C.	1 21 34746	
· · · · · · · · · · · · · · · · · · ·			9000030	964994	
			-01/12/0001081014		
·			***1050	<del>.00 ***1050.00</del>	
			ITS 1		
REINSTATEMENT98-00110					
0 0 000					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Johnny H. Barton					
			P.O. Box Number is Not Acceptable)		
HDI Canop DUL Ridd Dr. Plein DP 34545 Suite, Apt. #.			с.		
City			State Zip Code		
		-		FL	
10. I, being appointed the registered agen	t of the above named corporation	, am familiar with and accept the c	1		
Signature of Registered Agen Date Date					
	REGISTERED AGENT N	MUST SIGN			
11. This corporation owes the current year (See other side for information					
Intangible Personal Property Tax due June 30. Yes No					
	or the reseiver or trustee officer	red to execute this application as	provided for in chapter 607 or 617. E S	turther certify that when filing	
12. 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 the true will be an eliminated or the form do not even be a compared to execute this form do not even be a compared to execute the section 119.07(3)(i) F.S. The information indicated on the form do not even be a compared to execute the section for 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.					
I and I an	back :	TOHNINY BARTON	J 1-7-07	561-467-9725	
SIGNATURE:	PED OR PRINTED NAME OF SIGNIN		Date	Daytime Phone #	

Į