

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -3 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 534032

1. Corporation Name

STEPHENSON SURVEYING, INC.

Principal Place of Business

204 NORTH RAILROAD STREET
BUNNELL FL 32110

Mailing Address

P.O. BOX 1836
SOUTH RAILROAD ST.
BUNNELL FL 32110

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1977 **Sp**

5. FEI Number

59-1843020

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
VP	WILCOX, DAN A JR.	204 NORTH RAILROAD STREET	BUNNELL FL 32110
S	WILCOX, JUANA	204 NORTH RAILROAD STREET	BUNNELL FL 32110
VP	WILCOX, DAN A	204 NORTH RAILROAD STREET	BUNNELL FL 32110
P	WILCOX, DAVID T	204 NORTH RAILROAD STREET	BUNNELL FL
D	SHUMATE, AMY W	204 NORTH RAILROAD STREET	BUNNELL FL
D	KINNEY, DAWN W	52 PARK PLACE	BUNNELL FL

8. Name and Address of Current Registered Agent

WILCOX, DAN A
RT. 1 BOX 217-1
BUNNELL FL 32110

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500004324055--0
-05/25/01--01097--003

****155.00 ****155.00

500004324055--0
-05/25/01--01097--002

****750.00 ****750.00

State Zip Code
FL

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 5-1-01

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)(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 #

5-1-01

904-437-8387

2363