

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 DEC 27 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000006904**

1. Corporation Name

PLANGRAPHICS, INC.

Principal Place of Business

Mailing Address

112 EAST MAIN STREET
FRANKFORT KY 40601

112 EAST MAIN STREET
FRANKFORT KY 40601



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

61-0954403

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	ANTENUCCI, JOHN C	112 EAST MAIN STREET	FRANKFORT KY
VD	REED, J G	3388 LYON DRIVE	LEXINGTON KY
D	GOATON, WILLIAM T ESQ	250 W. MAIN ST. SUITE 2300	LEXINGTON KY 40507
T	MURPHY, GARY W	8804 DENINGTON DRIVE	LOUISVILLE KY
S	PELFREY, BRENDA	160 LEWIS LANE	FRANKFORT KY 40601
V	KEVANY, J M	615 BENNINGTON LANE	SILVER SPRINGS MD

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

400004749004--6

-01/03/02--01042--006

****750.00 State ****750.00

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 REQUIRED
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Date 12/26/01

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)(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 REQUIRED

DEC. 21, 2001

502 223-1501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #